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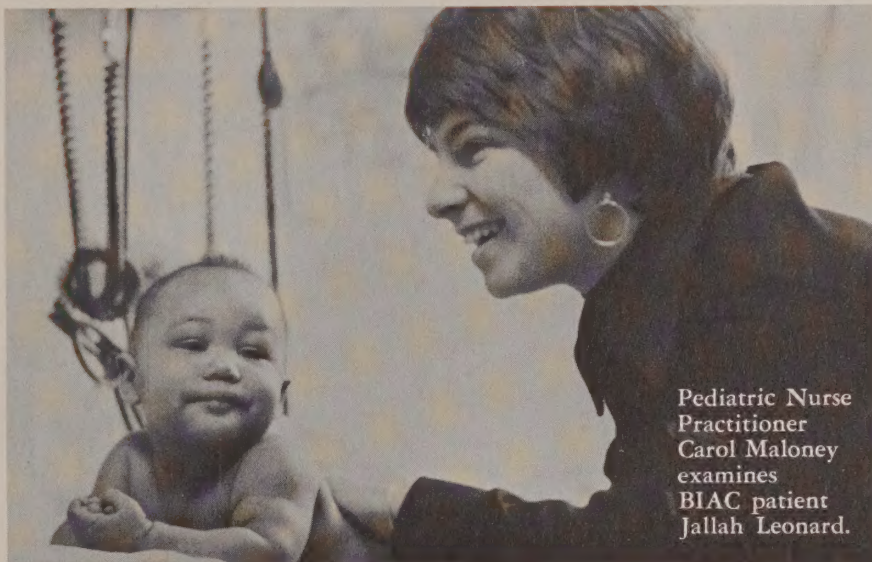
April, 1975

BIAC means people

"This will be my fourth child, and I am finally learning what pregnancy is all about," said an expectant mother sitting in the waiting room of the Beth Israel Ambulatory Care Center (BIAC). "I had a lot of questions when I came to the clinic. The atmosphere is relaxed here and they seem to be willing to take the time to answer my questions and explain what is happening."

The attempt to meet all of the patient's needs, psychological as well as physical, prevails throughout BIAC, not just in the obstetrics-gynecology unit. One of the latest innovations in the pioneering BIAC program, which provides primary rather than specialty care in a hospital setting to outpatients, is the introduction of the nurse-midwife to its obstetrics team.

Although midwives cannot deliver babies in Massachusetts, according to Ms. Virginia Kendall, one of two nurse-midwives in BIAC, they do provide prenatal and post-partum care, as well as family planning counseling. "The em-



Pediatric Nurse Practitioner Carol Maloney examines BIAC patient Jallah Leonard.

phasis here," she says, "is to try to give more personalized continuity of care. For that reason, the midwife follows her patients throughout their pregnancies, instructs them in different aspects of pregnancy and childbirth, and encourages them to participate in the Hospital's childbirth education classes."

She sees her role as one of educating future mothers, as well as one of providing medical attention. "Pregnancy is a normal, not abnormal state," she points

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nurses screen for cervical cancer

Only thirty years ago cancer of the cervix was the leading cause of death in American women. Today, despite an increased incidence of the disease, the mortality rate has decreased by 50%. "Early detection followed by appropriate treatment lowers mortality in most malignancies of the female genital tract, and increases survival strikingly," says Dr. Valentina C. Donahue of Beth Israel Hospi-

tal's department of obstetrics and gynecology and associate chief of the gynecologic oncology service. She notes that for certain tumor sites, screening methods capable of detecting cancer in its earliest and asymptomatic stages are available. With the development of the Papanicolaou smear, the uterine cervix is one such area.

"The 'Pap test,' performed correctly, is 95% accurate. This test is painless, reliable, easily done and relatively inexpensive," she points out. "The American Cancer Society has announced a goal for 1975 that every American woman at risk receive both a 'Pap smear' and instruction in breast self-examination. The problem is that there aren't enough medical practitioners to perform such examinations on every woman at risk." She defines the woman at risk as "any woman who is 20 years of age or older, especially if she is having sexual intercourse."

Not one to let a remediable situation continue unaltered, Dr. Donahue initiated a pilot program at Beth Israel Hospital in November 1974 to train nurses in the correct performance of Pap smears and pelvic and breast examinations. Supported by the Uterine Task Force of the

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second opinion for surgery

Beth Israel Hospital has helped design a program aimed at offering eligible members and dependents of Teamsters Local 25 a second opinion for elective surgery which should improve the quality of their health care. The announcement was made on January 29 by Mr. William F. Lyden, union trustee of the Teamsters Union 25 Health Services and Insurance Plan. Five major Boston teaching hospitals of two medical schools will work together in the innovative Consultation Program for elective Surgery (CPS).

CPS enables members of Local 25 to obtain a consultation from a surgical specialist at one of the five hospitals when surgery has been recommended and

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Clinical Research Center opened

Man is not an easy creature to study. Clinical research requires careful monitoring of a patient's diet, medicines or other therapy, and tests done on his behalf, including the taking of specimens at scheduled times. Despite the precision called for, such efforts are often worthwhile and even necessary for medicine to progress.

For about fifteen years, the National Institutes of Health, recognizing the problems in performing clinical research on ordinary hospital patient units, have been supporting Clinical Research Centers with their Core Laboratories across the country. In 1974 Beth Israel added to its many other research facilities a Clinical Research Center (CRC) with its Core Laboratory's bioanalytic facilities and computer capabilities. This particular CRC was opened at Boston City Hospital in 1963 and moved to BI last June with the move of the prestigious Harvard Thorndike Laboratory. According to Dr. Herbert Benson, program director since 1972, "The value of the CRC to Beth Israel is that it gives investigators yet another resource to continue research in a safe, controlled environment." It expands upon the capabilities already present in the smaller BI research unit originally housed on Stoneman 6, the Dr. Samuel Gargill Metabolic Research Unit.

Clinical Research Unit

In addition to 10 inpatient beds and an outpatient bed, the unit on 8 North contains a special dietary kitchen staffed by a nutritionist and two diet aides trained in research. The special kitchen is necessary so that prescribed and regulated diets can be provided to patients

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Dr. Valentina C. Donahue



Ms. Betty Silverstein, head nurse; Dr. Herbert Benson, program director of the CRC; Mrs. Barbara Cholakos, research nutritionist; and Dr. Richard Solomon discuss a CRC patient's progress.

a BAD idea saved Beth Israel \$100,000

the problem

It is just about impossible nowadays to pick up a newspaper or watch TV without being reminded of the economic problems facing our country.

Each of us experiences the increased prices of inflation every time we make a purchase. Hospitals, too, experience increases in the costs of providing quality patient care.

Look at these statistics showing BI's operating expenses over the past few years:

Fiscal Year	Operating Expense (millions)	Dollar Difference Over Prior Year (millions)	% Rise Over Prior Year
1969-70	19.1	2.9	17.9%
1970-71	21.6	2.5	13.1%
1971-72	23.6	2.0	9.3%
1972-73	26.6	3.0	12.7%
1973-74	30.7	4.1	15.4%

Just as today's increase in household expenses is largely beyond the breadwinner's control, most rising hospital costs are beyond our control. Increases in the cost of food for our patients, medical supplies, hospital equipment, telephone rates, utilities, social security and unemployment taxes were not initiated by the hospitals. And the modest increases in salaries and wages granted to hospital employees have been fair and comparable to those in other "industries." Thus, even with the most careful management, hospital costs are rising.

A sampling of these mounting costs:

Item	Costs for Fiscal Year 1973-74	% Rise Over Prior Year
Electricity	\$402,700	46.9%
Steam (heat)	460,600	33.7%
FICA (Soc. Sec.)	893,400	16.1%
Telephone	374,600	13.1%
Meat	88,200	5.7%
Other Groceries	129,500	24.0%
Insurance	122,200	0 %

one answer

Facing a budgeted deficit of more than \$1 million this fiscal year, Beth Israel Hospital tackled the issue head on and designated March BAD month throughout the Hospital. BAD stands for Buck-A-Day, the savings goal for each idea brought forth in an intensive time-limited suggestion program conceived and programmed by a New York City management consulting firm specializing in such programs. The result was a straightforward and simple program showing how Beth Israel could cut costs without cutting service or quality. Each of Beth Israel's more than 2,000 employees was asked to think of some way to eliminate just one dollar of unnecessary expenses on the job each day. The response from employees was overwhelming. During the first few hundreds of ideas came pouring in and after three weeks, more than 2,000 BAD ideas were submitted. Savings are conservatively estimated at more than \$100,000. Patients, visitors, staff physicians, medical students, and trustees became caught up in the program and contributed additional BAD ideas.

Cost saving ideas ranged from reducing the size of bars of soap from 1 oz. to ¾ oz. because the larger bars are seldom used completely—a savings of \$770, to eliminating the practice of wrapping clean patient linen packs in plastic bags—a savings of \$3,500, and demonstrated the ingenuity and thoughtfulness of employees about the tasks within the Hospital that they perform daily.

A surgeon suggested that private staff and other employees of operating rooms provide their own conductive shoes, eliminating an annual expenditure of \$7,000 for disposable shoe covers. One technician recommended that specimen jar covers be recycled at a savings of \$300.

The BAD program functioned as follows. After a week of progressive display of "teasers," including posters which said, "The BAD Guys are Coming," and large footprints which read, "Can You Fill the Shoes of a BAD Guy?" an explanation of the program was provided verbally to all employees at their own work stations, literature was posted throughout the Hos-

time during BI BAD month (which, for cost-savings purposes, actually lasted three weeks.)

Each week, two ideas were selected at random as BAD ideas of the Week. As a BI BAD Guy of the Week, each employee won dinner for two at a leading Boston restaurant and received a BI BAD Guy version of the Master's golf jacket (cost reduction model—no sleeves, pockets or buttons!).

"Why BAD? Why not a straight suggestion box program?" one employee asked. Dr. Mitchell T. Rabkin, general director, answered the question by saying, "No one knows a job function bet-

petition helped boost participation. The Hospital's surgeon-in-chief, Dr. William Silen, for example, offered his interns and residents a double prize for their best cost-saving suggestion—dinner for two plus the opportunity to take that dinner on a night of regularly scheduled duty with none other than the chief, himself, covering for the winner. Dr. Franklin H. Epstein, the physician-in-chief and Dr. Sven Paulin, radiologist-in-chief, made similar offers to their house staffs. Some departments had more than 100% participation—personnel with 20 employees had 535% participation and fiscal services with over 100 employees had 285% participation. In all departments, a majority of employees joined in.

Mr. Anthony Aveni, assistant director of patient support services, devoted nearly full-time for a month as coordinator of the BAD program. "The idea in the BAD campaign," he said, "was to take enough little things out of our costs to save a lot of big money." Throughout the campaign he encouraged employees, "to keep alert for the cost-savings ideas that could be put into action without additional investment." He stressed that, "by taking these items right out of the operating budget, costs could be cut immediately, and in a non-profit hospital such as Beth Israel, cutting costs is a very real way to fight inflation.

"The public is concerned about the high cost of medical care. We have demonstrated that Beth Israel Hospital shares that concern and is doing something about it—the traditional areas are in our over-all planning and in sound management. But there are also many dollars to come from review by our employees of their own day-to-day working efforts. We are all involved in economizing as well. And since we are the first hospital in the country to institute the BAD program, we are particularly pleased to have identified these unnecessary expenses and demonstrated a rather pleasant yet effective way to eliminate them."

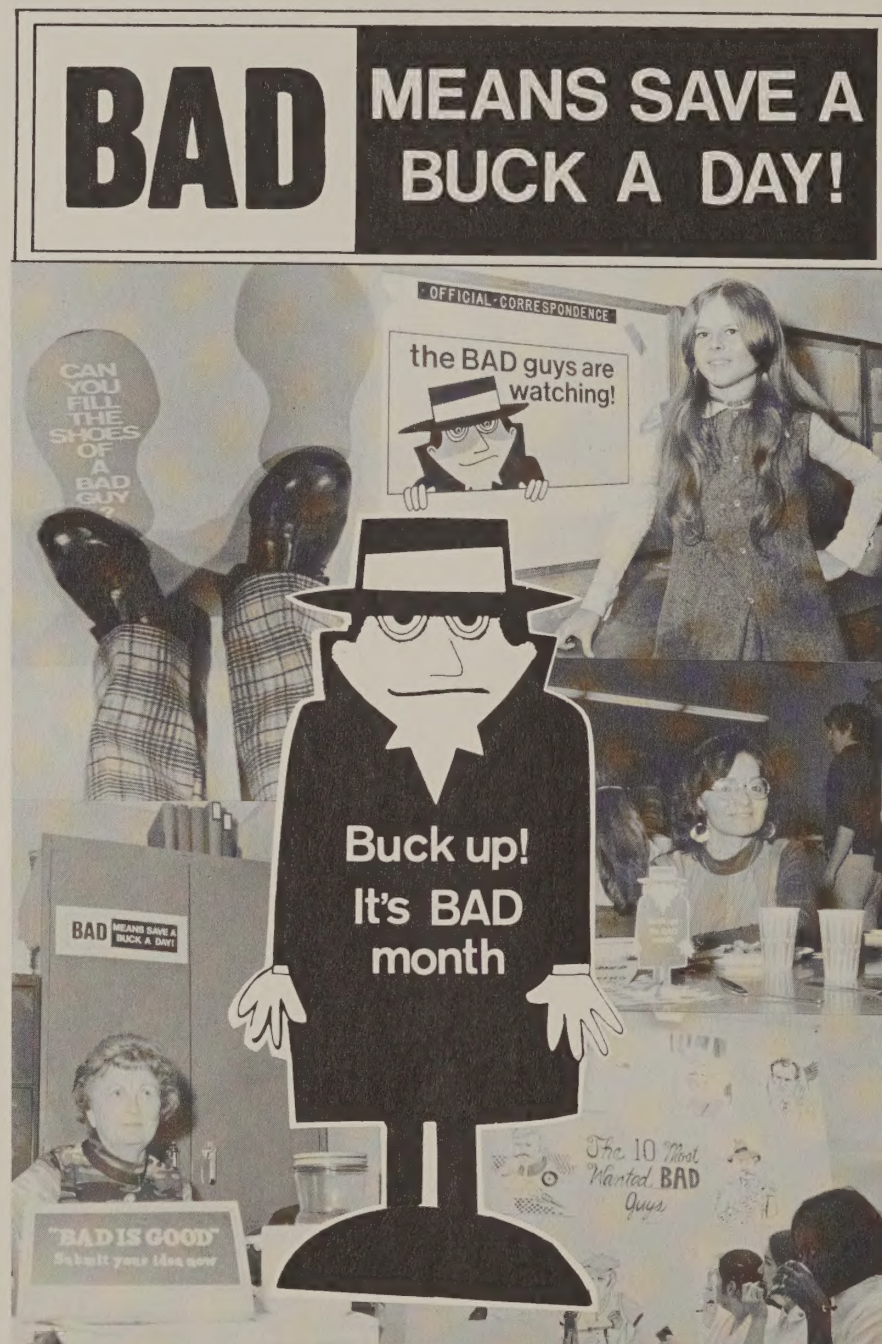
BAD can be good!

other answers

At Beth Israel we have been working for some time now toward economies in the delivery of health care. One way to beat the rising cost of medical care is to stay healthy and avoid hospitalization. If you are ill, ambulatory care is less costly than inpatient care. But if you find yourself in the hospital, getting back home as quickly as possible cuts the costs. Shorter hospital stays are just what we have been fostering at Beth Israel and the resulting decrease in the total hospital charge represents a welcome savings for our patients.

On our surgical service, for example, the average length of stay has been cut from 11.3 days in 1971 to 9.9 days in 1974, at a saving of about \$260. Length of stay on our medical service has dropped also, from 12.2 days in 1971 to 11.5 days in 1974, at a saving of about \$130 to the patient or his insurer, whose premiums the patient ultimately pays.

The facts show that, in the face of impressive technological advances and attendant rising costs, and in the "market" where growing numbers of patients are seeking out our services, Beth Israel Hospital is acting to lower the cost of medical care.



pital (partly to reassure the general public that BAD meant Buck-A-Day and related to a cost-savings suggestion program), and BAD ideas were solicited. Everyone submitting a BAD idea was presented with a special Beth Israel BAD Guy coffee mug. On the mugs are printed the legends, "I had a BAD idea," and, "I'm a BI BAD Guy." Additional ideas (many employees submitted more than one) were rewarded with a rubber BAD Buck, in recognition of how far one can make the dollar stretch. As an added bonus, anyone awarded a BI BAD Guy coffee mug could fill it free in the Hospital's cafeteria with BAD coffee at any

ter than the person who does it day in and day out. At BI we have more than 2,000 conscientious and capable employees whose goal it is to pull together to provide patient care of the highest caliber. Those employees know the economic problems the Hospital faces, and they are willing to do something about it. Our BAD program sparked their cost-cutting thinking. We had a good time with this program and, in addition, since many of the BAD ideas were implemented immediately, many employees saw an immediate effect as a result of their ideas."

Some healthy inter-departmental com-

Profile of a trustee



David R. Pokross

A lifelong interest in social service planning, combined with responsibilities as president of the Combined Jewish Philanthropies, stimulated Trustee David R. Pokross's interest in Beth Israel. A senior partner in the law firm of Peabody, Brown, Rowley and Storey, where he has been since 1932, except for a three year stint in the Navy, Mr. Pokross believes, "Beth Israel has been one of the leaders over the years in recognizing the importance of social service planning and in implementing social service as part of its total program."

Mr. Pokross, an active trial lawyer in his early years of practice which began in 1930, is a specialist in the field of electric public utility companies. He is a trustee and member of the Executive Committee of Northeast Utilities, which he helped to organize. He is also a general corporate lawyer who for many years has contributed much time to voluntary agencies. He notes, "I always wanted to do more than just be a successful lawyer." After graduation from Harvard University in 1927 and Harvard Law School in 1930, he began practice in Boston. Along with his law practice he developed his extensive social service planning efforts with voluntary agencies.

"My participation in voluntary organizations has been chiefly with agencies that have a prime concern for human services," says Mr. Pokross. He points out that there has been a major shift in social service planning in recent years. "Originally, planning involved largely the allocation of funds for direct financial relief. Now that is a government and state obligation and we now deal with broad programs of human services."

He has actively participated in planning programs as president of Combined Jewish Philanthropies of Greater Boston, president of Jewish Family and Children's Service, and chairman of the Social Planning Committee of the Council of Jewish Federations and Welfare Funds. He is presently chairman of the Board of Overseers of the Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University, a member of the Board of Overseers of Boston Symphony Orchestra, and a member of the Corporation, Museum of Science. Among other voluntary agency affiliations, Mr. Pokross has served as a director of United Community Services, as a member of Hospital Planning for Greater Boston, Inc., and as a director of the James Jackson Putnam Children's Center. He now serves as chairman of the CJP-JCC Joint Committee on Mid-East Policy and as a member of the Board of Managers of Trust Property of CJP. His professional affiliations include mem-

bership in the Boston Bar Association, the American Bar Association, the American Law Institute, and the Legal Committee of the Edison Electric Institute. He has served on the Council of the Boston Bar Association.

Last October Mr. Pokross was elected president of the United Community Planning Corporation, the planning arm of the United Way of Massachusetts Bay. He notes that he was pleased to have been chosen for this position because it enables him to direct his efforts toward the social service and health problems of the broader community. His work in social service planning, according to Mr. Pokross, involves "foreseeing general community needs of all kinds in the areas of individual well-being and welfare, establishing priorities, and developing relevant policies and implementing programs."

Elected as a Trustee of Beth Israel in 1967, Mr. Pokross points out, "The total program of services for a community requires careful blending of both health and social services. They go hand in hand. Therefore the delivery of health services has to be part of the overall plan of total services for the community." When all of his responsibilities to voluntary agencies are considered, it is clear that Mr. Pokross is in a position to implement the kind of careful interweaving of these services he feels is so important. As current chairman of BI's Long Range Planning Committee, he is confident that the past will not limit the future. He says, "There are new forces and new di-

rections which will determine the future. There is bound to be some form of national health insurance in the future and that will have a profound effect on hospitals and the delivery of medical services."

For relaxation Mr. Pokross enjoys sailing, tennis and golf. He began sailing in 1931 and later taught each of his three children the art, because "When you're in a sailboat you are dealing with the forces of nature. As an individual you are brought close to these elemental forces. It is this kind of experience that is otherwise so lacking in today's electronic age."

Mr. Pokross and his wife Muriel, a rehabilitation counselor at the Boston Guild for the Hard of Hearing, live in Belmont. His daughter Joan P. Curhan is a research assistant at Harvard Business School. Joan's husband, Ronald, is associate professor of marketing at Boston University's School of Management. His son, William, is a doctoral candidate in regional economics at the University of Pittsburgh and his son David, Jr., married to the former Nancy Cahners, is a lawyer with the firm of Palmer and Dodge.

Despite the great satisfaction Mr. Pokross has derived from his law practice and his community work, he states, "With all the things that I am involved in, one of my greatest pleasures is being with my two grandchildren, Jenifer and Jared, Joan's children." Through many years of practice as an attorney and with voluntary organizations promoting the betterment of the community at large, Mr. Pokross has come to believe, "Human relations are the most profound values in life."

"French Chef" at BI

"She's just the way she seems on TV. She's a warm, down-to-earth, 100% natural person — a happy type of individual," said Mr. John DeSantis, associate director of dietetics at Beth Israel Hospital in Boston, after Mrs. Julia Child, the famous "French Chef," visited the Hospital on March 10. Mrs. Child, celebrated for her book, *Mastering the Art of French Cooking*, and her "French Chef" national television show, toured the Hospital's main kitchen and cafeteria and offered suggestions on improving the quality of food at Beth Israel during her three hour visit. During the tour of the kitchen she watched food being prepared in giant kettles, saw goodies being baked in huge ovens, and chatted with many employees of the Hospital's dietary department. Later she was joined by members of both the administrative staff and the dietary department for a luncheon prepared by our cooks under the supervision of Miss Vera McMillan of the Hospital's cafeteria.

Mr. Paul Child, Julia's husband, had recently been a patient at Beth Israel. When Miss Lorraine Jacoby, director of dietetics, learned of Mrs. Child's frequent visits to the Hospital it seemed like a good idea to invite her to tour the facilities and observe the meal preparation process. It was not unreasonable to think the famous "French Chef" could suggest ways of improving the institution's food for both patients and employees. In accepting the invitation Mrs. Child stressed that she was "not a quantity cook, just an interested and concerned spectator," but she was indeed able to offer several ideas

that could make mealtime at BI more satisfying.

The dietary staff was much impressed by Mrs. Child's obvious enjoyment of her trip to the kitchen and cafeteria and evi-



Bolek Janek, chef, and Lorraine Jacoby, director of dietetics, look on as Julia Child watches first cook Stanley Venckus serve a meal.

NEHA '75

Beth Israel Hospital was awarded not one but two top honors by the New England Hospital Assembly thus qualifying the Hospital to display two Blue Ribbon Exhibits at the recent NEHA exhibition in Boston. Each year NEHA chooses about two dozen entries from the several hundred submitted by hospitals from all over New England and categorizes these as Blue Ribbon Exhibits. Beth Israel's winning exhibits were entitled "Rape Crisis Counseling" and "About Your Operation."

The "About Your Operation" exhibit exemplified Beth Israel's program in which operating and recovery room nurses visit patients about to undergo major surgery prior to their operations. During the pre-operative visit the nurses explain to patients the various procedures of the operating and recovery rooms, show them photographs of the area, if they wish to see them, and in other ways try to reduce their anxiety about the upcoming surgery. The same nurse usually follows these patients through their operation and stay in the recovery room.

"Rape Crisis Counseling" at Beth Israel Hospital is unlike any other in this area in that it is a multi-disciplinary team approach comprised of professionals in nursing, gynecology, social service, psychiatry, psychology and administration. Each counselor is capable of assessing and managing the crisis situation, and offering support to the victim. In addition a research and education program is being developed to gather data and to dispel some of the prejudice toward this group of victims so that their medical and psychological care will be optimal.

denced much interest in her comments on the differences between batch cooking and preparing food for small numbers of people. Her open pleasure with the light buffet luncheon delighted its preparers, particularly when the "French Chef" paid the meal and the BI staff the ultimate compliment by wiping her plate clean.

Staff Spotlight: Max Bulian, M.D.

Breaking with tradition is nothing new to Dr. Max Bulian, obstetrician/gynecologist at the Beth Israel Hospital. An ardent women's liberationist, Dr. Bulian believes, "One of the great changes affecting women, especially in obstetrics-gynecology, has been that of the consumer's role in recent years. It was the consumer—the patient—who first began to make waves back in the 1950's. She wanted to be more intimately involved in her own care, to know more about her body and about the process of childbirth. This desire to know more about herself is no longer bound by those limitations. It is now important in all areas of life-style, not just medicine. I have been very much encouraged by the fact that women have taken the opportunity to become independent human beings on a par with men."

When Dr. Bulian began his obstetrics/gynecology practice back in 1954, most women still did not know much about the childbirth process. "There was a great mystique surrounding childbirth," he says. "The obstetrician was an all-knowing individual who could do no wrong. He rarely shared his understanding and knowledge with the family. The tradition in Boston, in fact, was for the women to be completely anesthetized during the delivery of her baby." But Dr. Bulian's training had already convinced him that it was better for both mother and child if the mother were awake during delivery.

After graduation from Tufts University in 1943 and Tufts Medical School

in 1946, Dr. Bulian served a rotating internship at the Albert Einstein Medical Center, Northern Division in Philadelphia for two years. He received his specialty training at the Sinai Hospital and Johns Hopkins Hospital in Baltimore, then spent a year as a Sidney Graves Research Fellow in gynecology studying with Dr. John Rock at the Free Hospital for Women in Boston.

While he was in Baltimore, Dr. Bulian was introduced to the use of conduction anesthesia, which permitted patients to have their babies while awake. Among his first Boston patients were women who wanted to know what happened to them during childbirth. He listened to their demands and soon was acting on their behalf through his involvement with the Boston Association for Childbirth Education (BACE) in the mid-1950's. He is still a consultant to BACE.

"The idea of the organization," notes Dr. Bulian, "is to educate the public, because the patient plays a better role in her own care when she knows what is happening. She is more cooperative during the birth, for one thing. For another, it is better for both the mother's and especially the baby's health if less medication is used." Through BACE, Dr. Bulian became an early advocate of conscious childbirth. "Now you won't find a hospital in Boston where this approach is not supported," he states emphatically.

An enthusiastic proponent of natural childbirth, Dr. Bulian was active in having the natural childbirth program brought to Beth Israel. He was also one



Max Bulian, M.D.

of the first obstetricians in the Boston area to encourage fathers to be present in the labor and delivery rooms.

"At one time long ago," he states, "fathers were not even allowed on the delivery floor. They were often kept in the dark about their wives' progress, except for a few scattered reports. The first step to correct this at Beth Israel was to move the father's waiting room near the obstetrical unit. Now babies can stay in the rooms with mothers and the fathers can become involved with their babies from the beginning. I also encouraged introduction of the Family Centered Maternity Care program at Beth Israel."

Promoting conscious and natural childbirth is only one aspect of Dr. Bulian's career. Interested in community health, he became the first obstetrician/gynecologist to earn the Master of Public Health degree from the Harvard School of Pub-

lic Health in 1966. "When I started working on the degree," he says with a grin, "rumors were flying that I was going to leave my ob/gyn practice. Since I received the degree though, about 10 other obstetrician/gynecologists in the Boston area have also gone through the School of Public Health."

Instead of changing careers, Dr. Bulian expanded his ob/gyn practice into the realm of community health in 1967 by his active involvement with Dr. Dorothy Worth in establishing the Boston Maternity and Infant Care Project for the Roxbury-Dorchester areas. "The importance of this program is that it offers an improved quality of health care to the young indigent population in particular. This service is offered in communities where the quality of mental and physical health care has traditionally been less than adequate," he explains.

According to Dr. Bulian the project involves not only obstetrical and family planning care but also social services, nutrition education, psychiatric help, and dental care, in addition to a well baby clinic. Beth Israel is one of several hospitals participating in this program, notes Dr. Bulian. The program at BI is run by Dr. Harold Rubin under the aegis of our own department. The project is federally funded by the Department of HEW.

Dr. Bulian is also deeply involved in many facets of education. "In the early years," he states, "much of my time was spent in the teaching of medical students—and it continues today." He is assistant clinical professor of obstetrics/gynecology at the Harvard and Tufts Medical Schools and was formerly associate professor at the Boston University School of Medicine. His teaching is not limited, however, to medical students. For about 15 years he has conducted parent education classes at his office. Dr. Bulian also uses monitricers to help his patients through delivery. Monitricers are nurses trained in the techniques of natural childbirth who coach mothers in breathing, muscular exercises and relaxation during the stages of labor.

In practice today in association with Drs. Joseph Wallace and Sumner Gochberg, Dr. Bulian has also been a consultant in maternal and child health to the Department of Public Health in Massachusetts and to the former Children's Bureau (now Office of Child Development) of the federal government. In addition to his faculty appointments, and BI responsibilities he is on the obstetrics/gynecology staffs of the Boston Hospital for Women and the New England Medical Center. He recently completed terms on the Medical Executive and Medical Conference Committees at Beth Israel and is currently serving as a member of the Advisory Council of the Harvard departments of obstetrics/gynecology.

The author of several articles and most recently the preface to a book on natural childbirth by Constance Bean, Dr. Bulian is a Fellow of the Boston Obstetrical Society and the American College of Obstetrics and Gynecology. He is also a diplomate of the American Board of Obstetricians and Gynecologists and is listed in *Who's Who in the East*.

Dr. Bulian and his wife Adele, who is a social worker, live in Brookline. Their three children are all in college; the oldest, John, is a part-time student at Boston University, Joseph is a sophomore at Harvard and Emily, the youngest, a freshman at Jackson. When he is not delivering babies or teaching, Dr. Bulian enjoys sailing out of Falmouth and playing tennis.

Volunteer



Two men, working many years beyond the traditional "retirement age," have been bringing a special spark to Beth Israel's pharmacies for several years. Mr. Israel Cohen, who will be 85 in June, and Mr. Morris Elwyn, who will be 84 in July, both became volunteers at Beth Israel because they wanted to make a commitment to a worthwhile cause when they finally did retire after years of working. Mr. Elwyn works in the outpatient and Mr. Cohen in the inpatient pharmacy.

Mr. Mario Forcione, assistant chief pharmacist, says, "In addition to their being very helpful and reliable they bring a special quality of life fully lived to the pharmacies. They're really great." Some of their duties include counting and bottling pills, typing labels, and helping with



Morris Elwyn

the filing. Even before they began volunteering at the pharmacies several years ago, the lives of the two men had followed similar paths. Both were born in what is now Russia. Mr. Cohen was born in 1890 in Lithuania; Mr. Elwyn, in 1891 in Latvia.

After emigrating to the United States in 1910 Mr. Cohen became a cloth cutter for men's clothing, a profession he followed until 1963. In 1965 he was, he says, "rehabilitated" and began a second career working in a factory that manufactured ear muffs. He remained there "until the next slump" about four years later. After his second retirement, Mr. Cohen began his volunteer work at Beth Israel. "Because I can't be idle. I have to work. I have to do something regardless of earnings." Besides, as he points out, "Helping is my habit. I like to help in my small way."

Mr. Elwyn came to the Boston area in 1906 when he was 15. For several years

he worked in a Lynn shoe factory, then in the 1920s began managing a bakery in Lynn where he stayed until the depression hit its low point for him in 1932. A year later he bought a grocery store in Dorchester and remained there until he retired at age 79 in 1970. "That's enough work," he says, "from 13-79." But idleness did not agree with him, so "Then I came to Beth Israel. I couldn't loaf so I've been volunteering here in the pharmacy."

Both men raised and educated several children. Mr. Elwyn is the father of three children. His oldest son is a doctor in Boston; a younger son, a pharmacist in Washington, D.C.; and a daughter, a housewife. He and his second wife, Bertha, live in Leventhal House in Brighton. Mr. Cohen, who lives in Brookline, is a widower. He mentions his three sons and a daughter with pride, noting that they pursue careers as college professors, social workers, and accountants. He is equally proud of his eight grandchildren and his great-grandchild. But he also points out, "They're proud of me, too. I've always been independent and have taken care of myself."

Asked about his work in the pharmacy, Mr. Elwyn declared, "You bet your life I like it." Mr. Cohen, too, expresses his satisfaction with the job he does. Mr. Cohen types hundreds of labels every day which are later placed on bottles of medications by the pharmacists. Mr. Elwyn counts and bottles an average of 10,000 pills daily. Though these are their main tasks both volunteers are willing to help the pharmacists in any way they can. Their efforts do not go unappreciated, for, as Mr. Guy Paladino, chief pharmacist, notes, "The department would be at a loss without them."



Israel Cohen

Dermatology: new quarters and light room

Last October 15, the dermatology department at Beth Israel moved from the first floor of the Rabb Building to its new facilities, which include a spacious waiting room, newly set-up examination and treatment rooms, and administrative offices on the fourth floor of Kirstein Hall. The new area, according to Dr. Irwin M. Freedberg, professor of dermatology at Harvard Medical School and head of the dermatology department at Beth Israel, enables the staff to treat patients in a much lighter, brighter and more pleasant environment. There are five well-lit examination rooms, two consultation rooms, a nurses' station and a large conference room in the quarters. Minor surgical procedures are performed in the new treatment room. And patients appreciate the quiet, cheerful waiting room.

Because of the new facilities, dermatology was able to expand its previous capabilities. A unique middle-wave ultraviolet light (ultraviolet B) room for treatment of various skin problems was opened in the department in November 1974. Designed by Dana Whiston of BI's facilities planning and engineering department in collaboration with the dermatology staff, the light room is a closet-sized cubicle lined on all four sides with 72 two-foot, horizontal, fluorescent, ultraviolet light bulbs. It is connected to the adjacent nurse's office via an intercom which permits the staff and patients to communicate during treatments. Beth Israel's ultraviolet light room is unique in that its lights are horizontal and because it contains three tiers with separate controls. This feature permits the nurse to treat each section of a patient's body with exactly the right amount of light.

Dr. Kenneth Arndt, associate professor of dermatology at Harvard, who heads the dermatology ambulatory care unit, explains that the facility is more practical for dealing with skin problems than the system previously used, which required the patients to turn from one side to another to take advantage of the effects of ultraviolet light. Now the whole body can be treated at once or individual areas can be treated separately. Ms. Joan Clark, dermatological nurse specialist and head nurse of the dermatology unit, is in charge of the light room. She points out



Staff and patients alike enjoy the spacious new facilities of the dermatology department.

that many more patients can now be treated than previously.

Before the light cubicle was installed, treatments used to take 40-50 minutes per patient. The maximum amount of time spent in the new cubicle is about seven minutes with the option of spending that time in silence or surrounded by piped-in music. Because ultraviolet rays can be harmful to the eyes, patients using the light room wear protective goggles similar to those used at the beach.

The light cubicle is used primarily by patients with acne, psoriasis, eczema, and pityriasis rosea. "The effect," notes Dr. Arndt, "is like that produced by the sun. We want to create erythema or skin redness. With this new system we can expose certain areas to more light and more sensitive areas to less light."

"Dermatology's new facilities not only enable us to make our patients more comfortable, but they also enable us to practice medicine more effectively," says Dr. Freedberg. "Because our offices are less cramped, and our administrative offices are nearby, we have become more efficient in many ways. We can also teach dermatology more easily and thoroughly to the many interns, residents, and Harvard Medical School students who spend time on our service."



Debbie Hiatt, technician in dermatology, demonstrates the use of the unit's new ultraviolet (wavelength B) light room.

5th Annual Men's Associates Meeting

The fifth Annual Meeting of the Men's Associates of Beth Israel Hospital saw Alan M. Schwartz elected president, succeeding Samuel J. Greenberg in that important post. The Meeting, held March 9 at the Sidney Hill Country Club, attracted an enthusiastic turnout of members and friends who paid tribute to Mr. Greenberg for his dedicated leadership over the past two years. Mr. Schwartz's first official act was the presentation of a plaque to Mr. Greenberg in recognition of his exemplary service.

Dr. Herbert Benson, director of the hypertension unit at Beth Israel and associate professor at Harvard Medical School was the featured speaker. In view of the increased economic pressures and personal stress so prevalent today, Dr. Benson's address "Hypertension, Heart Attacks and You" was most timely and topical. So warmly were his remarks received that almost everyone present participated in a relaxation response exercise conducted by Dr. Benson as part of

his presentation, making it one of the largest groups to get involved.

Hospital President Bernard D. Grossman and General Director Mitchell T. Rabkin, M.D., extended greetings and expressed gratitude for the continuing interest and support that the Men's Associates, collectively and individually, have directed to the Beth Israel.

In addition to Mr. Schwartz the slate of officers and directors elected follows: Herbert D. Marcus, Lawrence R. Seder, Lesner M. White, vice-presidents; Robert J. Greenberg, recording secretary; Wallace E. Sisson, financial secretary; Albert J. Isgur, treasurer; Elliot B. Feldman, assistant treasurer; Kenneth C. Barron, Arnold Bloom, Steven J. Cohen, Stuart Dychtwald, Lloyd G. Glazer, Peter B. Hollis, Stephen Karp, Joel D. Katz, Donald Kurson, L. Gerald Marcus, Robert P. Rudolph, Harold W. Schwartz, Stephen P. Snyder, S. Ronald Stone, and Herbert J. Zarkin, directors.



Head table guests at the 5th Annual Meeting of the Men's Associates of Beth Israel: (l to r) Dr. Mitchell T. Rabkin, general director; Dr. Herbert Benson, principal speaker; Alan M. Schwartz, newly-elected president of the Men's Associates; Samuel J. Greenberg, immediate past president; and Bernard D. Grossman, Beth Israel president.

estrogen and uterine cancer research project

Beth Israel Hospital and the Hebrew Rehabilitation Center for Aged have been engaged in a cooperative research study which, it is hoped, will be the first of many combined efforts toward better health care. Begun two and one-half years ago, the project is a study of the activity of the female hormone, estrogen, in women with cancer of the uterus and in normal women. In a joint statement issued by Arthur J. Linenthal, M.D., physician-in-chief of the Hebrew Rehabilitation Center for Aged, and Mitchell T. Rabkin, M.D., general director of Beth Israel Hospital, it was pointed out that the study was a consequence of the close cooperative relationship which has existed for many years between the two institutions.

According to Dr. Gary Gross, head of the infertility clinic and the gynecology-endocrine laboratory at Beth Israel and

principal investigator in this study, cancer of the uterus in women of child-bearing age has been known for decades to be related to abnormalities in estrogen production. However, attempts to demonstrate distinguishing features among post-menopausal women with the disease, particularly those in their sixties and seventies and beyond, have thus far been unsuccessful.

Dr. Gross became interested in the project because of the inability of researchers to demonstrate the clinically suggested assumption that cancer of the uterus in older women may be related to disordered estrogen relationships. Many female patients at Beth Israel Hospital with cancer of the uterus were willing to volunteer for studies which might be helpful to others as well as to themselves. But an appropriate number of women in their sixties and seventies were needed

who were in adequate-enough health to participate in the study as a control group.

After clearing the experimental protocol with the Beth Israel Committee on Clinical Investigations, in order to be certain that the ethical issues of the proposed study and those of informed consent met the strictest criteria applied in research on humans, Dr. Gross approached the Hebrew Rehabilitation Center to locate a control group of suitable volunteer residents of the right ages. The Center heartily endorsed the project and after further careful investigation of the details and consultation with the volunteers and their families, the cooperative study was launched. The research group includes Dr. Gross, Dr. Robert Knapp, and Dr. Valentina Donahue of Beth Israel Hospital, and Dr. Christopher Longcope of the Worcester Foundation.

keeping the "house" clean

"We do a lot more than just clean," says William Murphy, administrative housekeeper at Beth Israel. "Need your office moved? A place to stay over during a Hospital emergency? You know, if we are hit with a major snow storm one of our concerns is to be sure that a nurse, for instance, will be here for her night shift of duty. If she can't get home and back again; well, we provide her with appropriate accommodations here."

"But it is true," he adds, "that our primary responsibility is to provide a safe level of bacteria control. No hospital can exist for long without appropriate infection control. How long do you think we would have a safe environment if housekeeping didn't deliver good cleaning techniques with germicides? Not long I assure you!"

The training received by housekeeping personnel stresses the differences between cleaning in a hospital and at home. While a surface may appear clean and may be suitable for the home, in a hospital it is important that the bacteria on the surface, which are invisible to the naked eye, are under control. To ensure that they are, housekeeping personnel perform routine daily cleaning of each inpatient, outpatient, and nonpatient area. Cleaning a patient's room takes about 20 minutes. "We dust, wash the floors, apply a non-skid floor finish, dry mop, and clean the bathrooms," notes Mrs. Helen Smith, who has been with housekeeping since 1948. "It's a lot of work but you get used to it after a while."

When a person is discharged his room gets a full discharge cleaning, which takes about an hour. Periodically, "heavy cleaning" is done on a rotation basis all over the Hospital. Each patient room takes about four hours to be heavy-cleaned. This procedure includes washing everything from the walls to the window shades, stripping the finish off the floors and putting on a new finish, and washing the furniture, to mention only a few of the housekeeper's chores.

Many Other Duties

Responsibilities assumed by the 111 (full-time equivalent) housekeeping employees only begin with cleaning. Other duties include setting up and breaking down patient beds and other furniture as the Hospital census changes. Each piece of equipment on patient floors has color-coded tape on it that indicates its proper location and the last time it was sent through a pressure cleaner. Housekeepers also move and maintain supplies of fur-



Andrew McDonald polishes one of the corridors on the patient floors.

niture and surplus equipment and keep accurate records of each piece's whereabouts. They arrange the rooms appropriately for special functions such as board meetings, retirement teas and conferences or other events. Coordinating the occupancy and upkeep of Beth Israel's residential facilities is another of their seemingly endless tasks, as well as making sure that the house officers' sleeping quarters in the Hospital are in good condition.

Disposing of the trash that accumulates throughout the Hospital complex is a major function of the housekeeping department. First the employees separate burnable and biodegradable items from those, such as metal, which are not. Then they must deposit the trash in the appropriate receptacle. In 1974 alone, housekeepers collected more than 980 tons of biodegradable waste material. In operations like trash disposal and setting up special functions, as Mr. Murphy points out, "If we're successful, people are totally unaware of our actions; if we're not, they are very much aware."

But it is hard to be completely unaware of the diligent housekeepers as they scrub and mop their way through Hospital corridors, rooms, and offices. Everywhere they go, housekeepers leave a trail of polished floors, fresh-smelling rooms, and shining surfaces. Housekeeper John Mullett points out the satisfaction of a job well done, "You feel good when you finish and everything looks clean."

Infection Monitoring

Beth Israel housekeepers clean with a noncaustic phenolic germicide, which does not break down on contact with organic matter. For hard-to-clean surfaces such as vents and curtains, and in rooms in which a patient has an infection, housekeepers automatically use a phenolic spray in addition to the regular germicide. As part of the regular procedure, crew leaders culture various areas in patient rooms, like the bathrooms, floors, and furniture, to ensure that bacterial growth is being kept in control. This is important to make sure that correct techniques are being observed in the cleaning process. Using a culture tube, which is a sterilized, sealed, cotton-tipped wipe, and sterile water, they sample selected

surfaces, then tag the sample, date it, and time it. After the laboratory checks it, the housekeepers know whether or not the surface is clear of bacterial growth.

Various areas in the Hospital create special problems for housekeepers. The operating room, for instance, has its own crew, which always uses new mops and keeps other equipment separate from that used throughout the Hospital. After use, the mops are placed in plastic bags, washed and sterilized, and reused by other areas in the Hospital—never in the operating room. The intensive care units present similar problems, particularly when heavy cleaning has been scheduled. The housekeeper must coordinate his efforts with the nurse so that, for instance, the patient's bed can be moved and the floor and wall behind it cleaned. In the emergency unit, too, cleaning crews have difficulty finding a time of minimum use when they can clean the waiting room thoroughly. Because the unit is frequently less busy at night than during the day or evening the three men on the night shift often clean it then.

Other people in the Hospital also sometimes make the housekeepers' work more difficult. Sometimes people will sit on beds which have been freshly made and are awaiting the arrival of a new patient. Others walk on the freshly waxed surface of the floor when it is being cleaned, despite the fact that only half is cleaned at a time. Housekeepers face special problems in keeping the auditoriums clean because they are constantly being used. When one group of people brings in food and drink and smokes in the auditorium, the mess they make remains there all day to bother the groups that follow because there is no time for the room to be cleaned. Each time one of these or any number of other things happen, the work load of the housekeepers is correspondingly increased.



Orlando Plain (l) and Frank Harris listen attentively at a housekeeping supervisors' meeting.

Dealing With People

Cleaning is just one aspect of the Beth Israel housekeeper's daily job. Because he/she works in a hospital, the housekeeper is in continuous contact with people—with patients and other employees. Mr. Murphy notes, "To work in a hospital, a person must have some sort of concern for people. He must be allowed to see, that to the patient, he represents the hospital and therefore is looked upon for advice and answers to the patient's concerns. The housekeeper must be taught to understand all this and to counsel with his supervisor, unit coordinator or the nurse."



William Murphy, administrative housekeeper, at work.

Concern for the patient's needs is emphasized by the SUPPORT program, which was developed by employees of the Hospital. It enables employees in the housekeeping and other patient support service departments to see that in many cases it is their interactions with patients that give the patient his image of the Hospital. SUPPORT stands for "Significant Understanding of Patients' Perceptions: Offering Responsiveness and Thoughtfulness." A slide show with a taped script is used to demonstrate the various ways employees can react to patients in different situations. Then through role playing and alternative case studies, SUPPORT shows employees ways of responding when patients choose to confide in, complain to or in other ways open up to them. SUPPORT's goal is to help the employees realize their significant contribution toward patient care.

For over two years housekeepers at Beth Israel have been active participants in the health care teams. Supervisors and crew leaders attend patient care conferences conducted by the social service department. By attending conferences, housekeepers are alerted to specific problems that patients might have and are made aware of appropriate ways of responding to the individual needs of each patient. Some patients might need extra courtesies, while others might require complete noninvolvement on the part of housekeepers. Complete confidentiality with respect to patients and material discussed in the conferences is maintained by all housekeepers, as well as other members of the health care teams.

Needham Jefferson, housekeeping manager, points out that the learning that has resulted from housekeepers' attending patient care conferences has been twofold. Not only are the housekeepers able to respond more appropriately to patients, but the clinical staff on the floors has become more aware of the housekeeper's responsibilities. He says, "The more you learn about the hospital and other people's jobs, the better understanding you will have

(Continued on Page 7)



Delia Navarro cleans one of the Hospital's many water fountains.

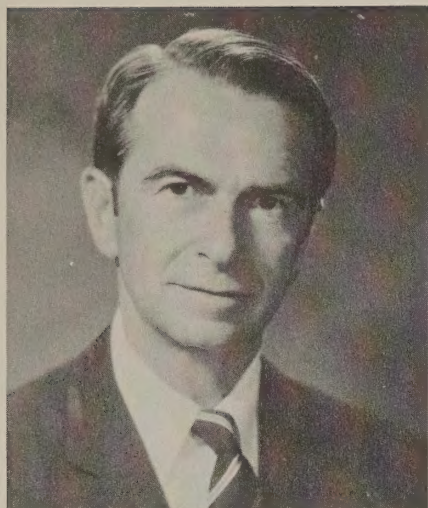


Al Saunders, housekeeping supervisor, consults with Helen Levenson.

 Beth Israel Hospital, Boston
Annual Report 1973 and 1974



Report of the President



Few changes in the life of a hospital are revolutionary. Rather, we are in a state of perpetual evolution towards better meeting our responsibilities to people. In the process, dreams mature into concepts. Concepts are whipped into plans. Then, through a long period of gestation, plans have life breathed into them, and eventually become realities. Throughout the process, we must be mindful of many elements and keep a balance among the physical, the financial, and even the political factors involved, — but always giving primacy of attention to the human factors and the maintaining of public confidence.

So, this year, like every other at Beth Israel, has been one of dreaming, conceptualizing, planning, and realization with respect to the many and sometimes divergent elements which make up the unity of a great teaching hospital. While continuous care of the sick is being carried on in the best possible ways, at almost daily committee meetings, administrators, physicians and trustees are working for the future. Our Annual Report affords the opportunity to report to Beth Israel's closest friends and supporters where we are and where we're heading.

During the past year the Feldberg Building, dreamed of a decade ago, has emerged from a hole in the ground to become a magnificent structure, now 40% complete. Plans are still being revised as the Buildings and Grounds Committee sees opportunities for improvement.

Several other projects have been completed: The Hemodialysis Unit provided by our Men's Associates to alleviate suffering of patients with kidney diseases; the Alfred L. Morse Medical Intensive Care Unit; installation of a new computer to improve vital management controls; the Radiology Special Procedures Suite, made possible in part through a generous contribution by the Frederick J. Kennedy Memorial Foundation, is attracting not only professional admiration, but an increasing number of patients from many parts of the country. Now we are even in the process of eliminating a major cause for aggravation — puddles in the garage.

While these projects have been underway, plans are being developed for necessary major remodeling of existing build-

ings, which, time-wise, must be dovetailed with the completion of the Feldberg Building and the availability of funds. The first phase of renovation on the 8th floor of the Gryzmish Building is a great example of what can be done.

Looking to the future, we have agreed, subject to receipt of required approval from the Commonwealth of Massachusetts, to acquire from Emmanuel College a substantial piece of property next to the Hospital. This will be the first addition to B.I.'s land area since the move to Brookline Avenue 46 years ago. It will give us a modern building in which to consolidate dormitories on Carlton Street and the Riverway and in Kirstein Hall, and will provide more efficient space for administration which becomes more complex each month due to requirements of the many departments of city, state and federal governments to which we must be responsive. Perhaps most important, it will free up space now otherwise occupied to permit us to meet the expanding needs of the Ambulatory Care Program which has achieved national prominence as a great community service. BIAC, with our other outpatient and emergency clinics, treated more than 125,000 patients during the past year.

Beth Israel is a unique combination of a community hospital and a referral hospital for very complicated cases. People — doctors, nurses, administrators, technicians, maintenance personnel — determine its effectiveness. We have more than 2,000 employees in jobs of every sort. Each one is a vital cog in a complex machine — a part of the B.I. family.

The Hospital tries to be a fair and generous employer. During the past year, members of our employee family gave us an overwhelming vote of their confidence and we are endeavoring to justify their continued confidence.

In the past few months, we have finally been able, with the addition of about 50 nurses, to bring our nursing complement to the size and quality consistent with the need and comfort of our patients and the reasonable demands of the members of our medical staff. A program is underway to enlarge both the number of volunteers and their heartwarming patient services.

Our long marriage with the Harvard Medical School has been a harmonious and fruitful one, with each bringing to the other brilliant and dedicated medical expertise which is vital to good patient care, both now and prospectively. A year ago, as recommended by a special committee appointed by President Bok, the relocation of the renowned Harvard-Thorndike Laboratory to Beth Israel commenced and has been progressing steadily. This involves significant commitment by both Harvard and the Hospital. Many eminent specialists have been added to our staff. In a period when sources of funds for research have been vanishing, we have been fortunate in obtaining the wherewithal to continue work on several programs vital to the prevention and cure of pulmonary, cardiac and renal diseases. In the very near future, we expect to be able to announce another significant link in our Harvard relationship.

In my report I have used the editorial "we". A most important part of the "we" is our General Director, Dr. Mitchell T. Rabkin, his capable department heads, and the members of our medical staff. There were few days during the past year when I didn't spend one or more hours with Mitch. He is indefatigable in his devotion to his responsibilities, daily solving the problems of the present while planning how to obviate those of the future; ever-conscious of the human as well as the mechanical problems of administration, and working to enhance B.I.'s reputation for excellence.

Beth Israel is a Jewish sponsored hospital and one of the greatest contributions by the Jews of Boston to the general community. The financial support we receive from members of the Boston Jewish community provides us with the resources for many special services. In addition to our continuous staff support for the Hebrew Rehabilitation Center for Aged and the Recuperative Center, this year we have been assisting in the medical organization of the New England Sinai Hospital for the chronically ill which is scheduled to open in a few months. Our outreach services for senior citizens of the Jewish community, for recent emigres from iron curtain countries to Boston and for Israelis temporarily resident in this area, have steadily grown. Our chaplaincy program has added a new dimension in patient care and rehabilitation. Kinship with the Rambam Hospital of Technion Medical School at Haifa, which sends an ongoing stream of doctors and nurses here for training and to which our doctors make visits to advance medical knowledge in Israel, has been strengthened.

Upon reflection, we can all have a sense of pride in what has been accomplished during the past 60 years. The worst fate that could befall us would be complacency. We must always live with a sense of discontent which inspires us to continue to work for a better B.I.

People in general and politicians in particular are very critical of escalating costs of hospital care. Overlooked is the cost of improved medical technology which is extending the lives of people. The demands are for more services and for lower charges. Any businessman or housewife recognizes the inconsistency of the two, but we are caught in a real squeeze. In day-to-day operation and in planning for the future, we must be mindful of the financial implications of every decision and weigh priorities of need. Never has our budgeting process been more difficult nor money problems more acute. We are now in the midst of a detailed analysis to define departmental objectives for the next 3 years, the extent to which they can be accomplished, and how they can be paid for. Charges made to patients today can pay only for today's service. If B.I. is to continue to be a first-rate hospital, we, who are responsible members of the community, must make it possible by annual contributions now, and with capital and endowment fund gifts for the future.

As I complete my first and commence my last year as President, I wish to ex-

press my appreciation to members of our medical staff, to my fellow trustees and to the entire B.I. "Family". Your support makes the presidency of Beth Israel a special honor and privilege. Because of you, Beth Israel is a great hospital with a heart.

BERNARD D. GROSSMAN
President

Report of the General Director



October 1972

The traditional outpatient clinics in Medicine, Obstetrics-Gynecology and Pediatrics are replaced by BIAC, the Beth Israel Ambulatory Care Center, with teams of full-time professionals and paraprofessionals providing more ready access, greater personalization and continuity. BIAC will become a leading example of innovation in ambulatory care at the teaching hospital.

Dr. David Erlik and Dr. David Barzilai of Rambam Hospital and Technion University School of Medicine invite Beth Israel to develop a collegial relationship with their institutions.

November 1972

Weekly patient care rounds expanded by Social Service to include not only House Staff, Nursing and Social Service participants in patient care, but also representatives of Hospital-Services Management, Housekeeping, Dietary, Physical Therapy, Occupational Therapy and others who come into contact with the patient—an innovative concept recognizing that the patient's perception of his or her hospital experience derives from all interpersonal contacts, not only contacts with doctors and nurses, and therefore it is important that all patient care personnel (all who come into contact with patients) be as knowledgeable, informed and responsive as possible.

Dr. William Bicknell, new Massachusetts Commissioner of Public Health, is featured speaker at 57th Annual Meeting.

Construction begins for X-ray Special Procedures Suite. Operating Room Committee switches to block-schedule, with subsequent mixed yet generally favorable reviews.

Drs. Pierce Gardner and Morris Simon return from visit to North Vietnam to examine that country's medical system.

December 1972

Mr. Frederick Monosson, Honorary Trustee, dies.

Dr. Harry Derow Memorial Lecture is given by Dr. Heinz Valtin of Dartmouth, "Genetics as a Tool in Biomedical Investigation."

Vice President Stanley H. Feldberg, Chairman of PROJECT REBUILD drive, reports favorable prospects for raising the \$6.35 million required to demonstrate

"financial feasibility" in order to secure the \$28.775 million Massachusetts Health and Educational Facilities Authority bond issue for construction of the Feldberg Building.

Having shouldered the responsibilities of Acting Physician-in-Chief for a second time, Dr. Howard S. Frazier resumes his own tasks after a planned six-months tenure carried out with "admirable quality, style and forbearance," as the search for a new Physician-in-Chief grinds on. Stepping into the *pro tem* role is Dr. A. Stone Freedberg with Dr. George S. Kurland as Associate Director of the Medical Service replacing Dr. David Feingold who steps down after two and one half years of loyal service.

Revised By-Laws of the Beth Israel Hospital Association are adopted, following extensive work by an *ad hoc* committee of the Board chaired by Mr. Samuel L. Slosberg. Under one of the new provisions, Mr. Jacob Reed is elected Honorary Member of the Board of Trustees.

Health care premium costs for employees rise once again but the increment is assumed fully by the Hospital and out-of-pocket employee costs remain stable.

Sixth annual arts and crafts exhibit highlights Employee Appreciation Week. Administrative personnel take their turns serving behind the cafeteria counter, dietetic interns host spectacular buffet, and employee service pins are awarded.

Stimulated in part by the publication in August 1972 of Beth Israel Hospital's statement on the rights of patients, the American Hospital Association publishes its own statement for nationwide distribution.

January 1973

Drs. George E. Altman, Max J. Bulian, Howard A. Frank, Louis Hermanson, Bernard R. Sears and Julian G. Snyder are reappointed as staff physicians at large on the Medical Executive Committee. Staff physicians on other Board committees include Drs. Waldo Fielding and George Kurland, Finance Committee; Richard Zimon, Personnel Committee; S. Charles Kasdon and Samuel Stearns, Resources Committee; Arnold Berenberg and Elliot L. Sagall, Buildings & Grounds Committee; Abram London and Harold Rubin, Public Relations Committee.

Housekeeping Department develops SUPPORT program, focusing on interactions of its personnel with patients—another forward step in the personalization of care at B.I.

The new garage opens, adding the most spaces that can reasonably be loaded onto our landlocked site, a number still insufficient for the Hospital's total needs.

Room 530 remodeled to add the Hill-Rom "enviro-care" head-of-bed unit for preliminary evaluation in anticipation of Feldberg Building planning and construction.

Efforts escalate among union organizers toward Beth Israel employees. The Hospital's response is, "Employees have the right to decide for themselves whether or not to join the union."

The report of the (HEW) Secretary's Commission on Medical Malpractice re-

prints the Beth Israel statement on the rights of patients, commenting that it, "sets forth the minimum rights that should be accorded all patients."

Mammography unit is installed in the Department of Diagnostic Radiology.

February 1973

Gift of Mr. and Mrs. Alfred L. Morse and family made for revision of the Medical Intensive Care Unit with the establishment of state-of-the-art capability in computer monitoring of electrocardiographic patterns.

Mr. Marvin Durell, Director of Clinical Services, moves to Bellevue Hospital in Manhattan to become its Director of Program Planning. Mr. Thomas M. Borts becomes Acting Director of Clinical Services and Mr. Steven Beloff moves from Administrative Resident to Assistant Director of Clinical Services. New Administrative Resident is Ms. Jacqueline Miller.

Direct telephone line (734-7800) to front desk Information Center installed as convenience to relatives calling about the condition of hospitalized patients.

Mrs. Esther Bradbard, Manager of Gift Shop, retires.

C-A-R-E call hotline opened, for both patients and doctors, to register problems which are not medical nor nursing in nature but nonetheless bothersome, in order to get their solutions under way rapidly—a "first" for Beth Israel Hospital. The C-A-R-E call hotline subsequently proves highly successful and draws national attention.

New garage is noted to be "a bit drippy" on rainy days; optimism prevails over ease of solution of this minor detail!

Construction starts on new transformer vault in South Building, to replace 1951 equipment.

March 1973

Mr. Louis H. Salvage, Honorary Trustee, dies.

Massachusetts Health and Educational Facilities Authority bond issue of \$28.775 million is sold out, representing fruition of efforts by Mr. Sidney Stoneman, President; Mr. Samuel Brown of HEFA; Mr. Douglas Powell of Ernst & Ernst; Mr. Marsom Pratt of Adams, Harkness and Hill; Mr. Donald Winter of Palmer & Dodge; Mr. David Clapp of Goldman Sachs & Co.; Mr. Gerald Gillerman, Hospital counsel and many others, with particular assistance and encouragement from Mr. Henry Allen of the First National Bank of Boston. Construction of the Feldberg Building soon to follow with a net addition of 78 beds to a total of 452 but with actual provision of 176 new beds including 40 private rooms, a new operating pavilion, admitting office, lobby and chapel. Occupancy slated for spring of 1976.

With announcement by Mrs. Ruth A. Patterson of her husband's transfer to New Haven and thus her projected resignation within the year, and with the existing vacancy in the position of Director of Clinical Services, reorganization of the "operating" divisions—Clinical Services, Nursing Services and Patient Sup-

port Services—creates the role of the Associate Director to fulfill primary administrative responsibility for the provision of inpatient and ambulatory care. The Directors of Nursing Services and Patient Support Services will report to the Associate Director and be accountable to him for the day-to-day performance of their Divisions and in the development of longer term planning, yet will remain accountable to the General Director for the overall proper discharge of their professional responsibilities. Mr. David Dolins, Associate Director at Yale-New Haven Hospital, is appointed Associate Director of Beth Israel Hospital, to arrive on 1 May.

The City of Boston plans to drop about 150 beds at Boston City Hospital; Beth Israel promises, "... determination to meet our share of the new responsibilities."

Channel 7 shows, "Mr. Goodman," a 30-minute special on a patient of the same name with cancer of the colon, detailing his experience at Beth Israel Hospital and his care and surgery by Dr. William Silen, Surgeon-in-Chief.

April 1973

Feldberg Building construction gets under way with relocation of trees from Rabb lawn, creation of a temporary walkway into the Rabb Building from Brookline Avenue and start of construction of a temporary main entrance on the facade of the Rose Ambulatory Care Building.

Dr. Abram Sachar, Chancellor of Brandeis University, delivers the Dr. Nathan Sidel Lecture on the Art of Medicine, "The Future is Not What it Used to Be."

Little, Brown & Company publishes, "Respiratory Intensive Care Nursing," by Sharon Spaeth Bushnell, R.N. and other members of the B.I. nursing and medical staffs.

Repairs begin on the "cold joints" of the garage in an assault on the problem of water leakage.

Mr. Samuel Greenberg elected new President of the Beth Israel Hospital Men's Associates.

May 1973

Mr. Max L. Feinberg and Mr. Bernard L. Landers are elected Honorary Trustees. Mr. Frederic A. Sharf, Mr. Eliot Snider and Judge Frank Kopelman are elected Trustees. Special tribute is paid by the Board of Trustees to Mrs. Nehemiah H. Whitman in honor of her 80th birthday. The Board's resolution included, "... Indefatigable in spirit, unyielding in her dedication... she has lent nobility to the most meaningful title in our lexicon—worker for Beth Israel Hospital."

New 4-bed metabolic unit on 6 South dedicated in memory of Dr. Samuel L. Gargill.

Social Service Department marks its 45th birthday and its Director, Mrs. Beatrice Phillips, marks her 30th anniversary of association with Beth Israel Hospital in a day-long symposium attended, happily, by both former Directors of the department, Miss Ethel G. Cohen and Mrs. Bess Dana.

(Continued on next page)

New Utilization Review plan developed and approved by Medical Executive Committee.

Steam hammer starts on steel sheathings for Feldberg excavation.

Mr. David Dolins, new Associate Director, arrives.

Divisions of Facilities Planning & Systems Engineering and Engineering Services move to Kirstein Hall.

June 1973

Air conditioning of patient rooms with through-the-wall units begins in the South Building, six rooms at a time. Nursing, housekeeping and other staffs manage despite the noise and dirt, and patients adopt equally tolerant and positive attitudes.

"Old-timers" reunion of former employees held at suggestion of Mr. George Johnson and several fellow employees.

Bridge from garage level 3 to South Building 2nd floor opens.

Sabbath Menorah placed in Lobby. Friday night dinner menus now inscribed, "Shabbat Shalom — A Pleasant Sabbath."

July 1973

Search for a successor to Dr. Howard H. Hiatt ends with the appointment of Dr. Franklin H. Epstein as Herrman L. Blumgart Professor of Medicine at Harvard Medical School and Physician-in-Chief at Beth Israel. Dr. Epstein comes to Beth Israel from Boston City Hospital where he has headed its Harvard Department of Medicine and the Thorndike Memorial Laboratory of Harvard. The Board extends its thanks to Dr. A. Stone Freedberg as Acting Physician-in-Chief and Dr. George S. Kurland as Associate Director of the Medical Service during the interim.

Budget planning gets under way with great uncertainties resulting from wage and price controls on all hospitals. Two new benefits are instituted nonetheless — a basic three-week vacation allowance for all employees and a \$2,000 life insurance policy for all full-time employees after one year of employment.

Dr. H. Richard Nesson resigns as Medical Director of the Harvard Community Health Plan, having been instrumental in establishing the viability of that important venture.

Dr. Louis Burke is appointed Assistant Department Chief in Obstetrics-Gynecology and Head of the section on Clinical Obstetrics.

After 31 years at B.I.H., Paul and Elvira Showstark move to Miami Beach and its Mount Sinai Hospital, leaving many friends and achievements as their legacy to Biophotography and Beth Israel.

Joint Commission on Accreditation of Hospitals makes its biennial visit and comments favorably.

August 1973

Ad hoc committee at Harvard University headed by its President, Derek C. Bok, considers new directions for Harvard Thorndike Memorial Laboratory following its removal from Boston City Hospital and elects to move it to B.I.H. to continue under direction of Dr. Epstein. The net result is a strengthened

Hospital and Department of Medicine with the addition of an expanded Clinical Research Center, new resources in laboratory research, greater teaching expertise and added clinical capabilities — an impressive responsibility and extraordinary opportunity. Trustees point toward creation of added laboratory space for the Thorndike Laboratory as soon as feasible.

Utilization Review efforts advance with appointment of Ms. Mary Phalen as U.R. Coordinator and subsequent establishment of functioning in-Hospital Utilization Review program voted by MEC.

New role of Organization Planning Specialist defined for Edna Homa, D.B.A. As an internal management consultant, Dr. Homa will assist members of administrative and medical staff to clarify their role responsibilities, requisite authority and work interrelationships in the interest of improving the over-all functioning of our ability to get work done.

Boston Hospital Workers Organizing Committee files petition to be certified as representative for the purpose of collective bargaining for certain groups of Beth Israel employees. The scenario begins which will culminate in a vote on 4 April 1974.

Mr. Joseph DeCoursey appointed Assistant Controller, Special Funds.

September 1973

Mr. Abraham Goodman, Mr. David Kane, Mr. Leonard Kaplan, Mr. Harry Levine, Mr. Norman S. Rabb, and Mr. George Shapiro elected Honorary Trustees.

Mr. Robert Horowitz, Mr. William R. Sapers, Mr. Norton L. Sherman, Mr. Herman Snyder, Mrs. David Weintraub, Mr. Joseph G. Weisberg elected Trustees.

The inpatient pediatric unit on 8 North closes, for understandable considerations of regional planning, but ambulatory pediatric care continues in BIAC and at the Children & Youth Program at the Dimock Community Health Center and the Model City program at the Mary Eliza Mahoney Family Life Center.

Dr. John Kirklin, Chief of the Department of Surgery at the University of Alabama, is Visiting Professor and Department Chairman *pro tem*.

Dr. William Silen heads for the Department of Physiology at the University of California at Berkeley for a year's sabbatical leave. Dr. Edwin Salzman becomes Acting Department Chairman. Dr. David Fromm and Dr. Raphael Adar shoulder some of the clinical and teaching responsibilities.

Mrs. Ruth A. Patterson leaves as Director of Nursing Services, having developed a sense of professionalism and collegiality within the Hospital and throughout the nursing community during her five year tenure.

Mr. Paul Rodliff is promoted to Associate Director of Fiscal Services. Mr. Eugene Gallagher is appointed Manager of Computer Systems Development.

Second edition of Beth Israel statement on the right of patients published.

Budget for '73-'74 approved by Board of Trustees. \$1.6 million increase in salaries and wages, \$957,000 increase in

supplies and expenses anticipated over projected actual figures for '72-'73 for a total of \$29.3 million in operating expenses. Medical and surgical room and care rate rises \$6.00 except in the intensive care units where it rises \$25.00. Compared to previous year, total patient days are up by 2,000, a 1.6 percent increase. Laboratory studies are up 14.7 percent, indicating increasing intensity of diagnostic and therapeutic efforts reflecting the growing role of B.I. in the care of the sickest patients with the most complex problems.

Upward adjustment is made in all salaries to the extent allowable under the existing Economic Stabilization regulations, with a wary eye toward the growing problem of limited reimbursement from third parties despite the facts that employees' needs are legitimate and should be met as well as the escalating costs of goods and services that we buy.

October 1973

New Director of Nursing Services, Mrs. Joyce C. Clifford arrives from the University of Indiana where she had been Associate Professor of Nursing. Prior to that, Mrs. Clifford had been Director of Medical Nursing and Clinical Assistant Professor of Nursing at the University of Alabama.

The Yom Kippur war sends two Israelis home for military service — Drs. Raphael Adar and Nadiv Shapira; both return safely. Dr. Aaron Valero of Rambam Hospital and Technion University School of Medicine shortens his visit to B.I. as a result of the Mideast war. The Hospital community responds well to the CJP drive for the Israel Emergency Fund.

In-House Utilization Review on Medicaid patients begun by the state, through CHAMP, the Commonwealth Hospitals Admission Monitoring Program, carried out by the Commonwealth Institute of Medicine.

Dr. Robert H. Resnick welcomed as new President of the B.I. Staff Council replacing Dr. Clinton N. Koufman. Dr. Harold L. Greenberg is Vice-President; Dr. Elliot L. Sagall, Secretary-Treasurer.

Beth Israel joins with the Tay-Sachs Foundation of New England, the Combined Jewish Philanthropies, Children's Hospital Medical Center and the Eunice Kennedy Shriver Center to develop a genetic screening program for Tay-Sachs disease.

The "permanent" temporary entrance to the Hospital opens, directing pedestrian traffic through the 2nd floor of the Bertha C. and Edward Rose Ambulatory Care Building.

November 1973

At the 58th Annual Meeting of Beth Israel Hospital, Dr. Franklin H. Epstein speaks on new developments in the Department of Medicine. The Hospital Presidency is handed to Mr. Bernard D. Grossman after three years of outstanding service in that role by Mr. S. Sidney Stoneman where his impressive achievements, overlaid by his genuine modesty, made for an institution strong, cohesive, affable and confident, and clearly a better

place for patient care. At the meeting, Mr. Grossman directed these remarks to Mr. Stoneman:

"It has been determined that the building called the South Building, which is the connecting link between the Hospital as you found it and the new Feldberg Building now rising, thanks in large measure to your efforts, shall be known henceforth as the STONEMAN BUILDING, in appreciation of the generous donation of the Stoneman Family and the dedicated leadership of Mr. S. Sidney Stoneman, President 1970-1973."

Other Hospital Officers are Mr. Stanley H. Feldberg, Mr. Norman B. Leventhal and Mr. Mitchell J. Marcus, Vice Presidents; Mr. Thomas Kaplan, Mr. Philip J. Nexon and Mr. David H. Greenberg, Secretaries; and Mr. Lessor H. Grosberg, Mr. Louis Schwartz and Mr. Lee Spelke, Treasurers.

The Hemodialysis Unit is removed from the MICU, expanded to four beds and located in the 8 North solarium; generous support is provided by the Men's Associates of Beth Israel Hospital.

Dr. Paul M. Zoll is one of two recipients of the Albert Lasker Clinical Research Award, for his studies on the electrical characteristics of the heart.

Mrs. Helen Williams retires as Director of Volunteers to be replaced by Mrs. Joan J. Blackwell.

The Harvard Community Health Plan elects to restrict its obstetrical deliveries to one hospital only; this represents a loss of about 200 deliveries annually at Beth Israel Hospital with a concomitant gain at the Boston Hospital for Women. Other involvement with HCHP remains strong.

The Admitting Office institutes efforts to place non-smoking patients in semi-private rooms with other non-smokers where possible.

B.I. enters into discussion with other Longwood Area hospitals for the joint acquisition of the computerized axial tomogram scanner, a significant but expensive advance in radiologic technology. The machine ultimately winds up in joint use at the Sidney Farber Cancer Center.

December 1973

The Hospital family enjoys the 7th annual arts and crafts exhibit, Hospital holiday party, service awards and special meals marking employee appreciation activities.

Patient room air conditioning project is completed, with installation of 253 through-wall heater/air conditioners, 25 window air conditioners, 66 electric room heaters and 523 new windows. In the Feldberg construction, the Moorish arches are removed from the original Gryzmish Building facade.

Mr. Steven Beloff, Assistant Director of Clinical Services, leaves to become Assistant Director of Emerson Hospital in Concord.

B.I. responds to the energy crisis with significant decrease in electricity and steam consumption.

Patients entering for elective surgery begin receiving admission laboratory tests, chest x-ray and electrocardiograms on way up to their inpatient units.

Once again, despite rising costs, there is no increase in out-of-pocket payment for health insurance by employees; the Hospital foots the bill.

The Greater Boston Hospital Association becomes inactive and B.I. joins other Boston teaching hospitals to form the Conference of Boston Teaching Hospitals.

January 1974

Dr. Joseph E. F. Riseman, cardiologist and medical staff member for over 40 years, dies.

Newly appointed as staff physician at large to the Medical Executive Committee is Dr. Clinton N. Koufman. Other new staff physician appointments to Board committees include Drs. Harris Yett, Buildings & Grounds Committee; Harold Bengloff, Finance Committee; Howard Bleich, Computer Operations Subcommittee; Clinton N. Koufman and Julian G. Snyder, Long Range Planning Committee; Nicholas T. Zervas, Personnel Committee; Gerald Plotkin and Samuel Stearns, Public Relations Committee.

Mr. S. M. Wass retires as Director of the Division of Engineering which merges with Facilities Planning & Systems Engineering to form the new Division of Facilities Planning & Engineering under Mr. Francis J. Sullivan, Jr. Mr. Wass continues to maintain significant responsibilities in a part-time capacity as Associate in Engineering, dealing largely with the Feldberg construction.

Dr. Clyde Crumpacker becomes Head of the Infectious Disease unit.

The Stoneman 7 obstetrics unit is diminished by twelve beds of which ten are switched to medical-surgical use on Gryzmish 7.

The arrival of a steel erecting crane with a 240-foot boom plus 20-foot extension creates a sidewalk superintendent's delight as the Feldberg construction forges ahead.

February 1974

New patient information brochure for hospitalized inpatients appears, brought to fruition under the editorship of Mr. Richard S. Luskin, Assistant Director.

Honorary Trustee General Bernard L. Gorfinkle dies.

Discussions are under way with Lawrence General Hospital for a relationship which culminates in rotation of B.I. medical house officers to Lawrence.

March 1974

The Board of Trustees votes, "to extend bonds of friendship and fellowship to our colleagues in medical sciences and health care at the Rambam Hospital and the Technion School of Medicine in Haifa . . ."

The Massachusetts Labor Relations Commission sets 4 April for secret ballot elections among two employee units — Unit A, including mainly service, maintenance and clerical personnel, and Unit B, including mainly technical personnel.

April 1974

Results of the secret ballot election show a strong vote of confidence in Beth Israel Hospital.

Unit A

For the Local 1199 union	51 votes
For the S.E.I.U.	71 votes
Against either union	325 votes
Challenged ballots	181 votes

Unit B

For the S.E.I.U.	41 votes
Against the union	96 votes
Challenged ballots	32 votes

Patricia Gibbons joins Nursing Staff to develop "primary nursing" concept and to implement same. This will prove to be of major significance as an improvement in patient care.

Rabbi Arthur Hertzberg presents the Dr. Nathan Sidel Lecture on the Art of Medicine, "The Art of Dying."

May 1974

As a result of removal of Phase IV economic controls on 30 April, an across-the-board increase in salaries and wages of about 10 percent is made to all employees, helping to make up for previous restrictions and create equitable rates of payment. The Hospital also assumes full payment for the costs of health insurance premiums, an added cash benefit.

The Bay State Professional Standards Review Organization, Inc. is designated by the Secretary of HEW as the conditional PSRO for the area. B.I. physicians are cooperative.

Steel erection for the Feldberg Building is "topped off."

The Alfred L. Morse Medical Intensive Care Unit is completed with marked improvement in decor and impressive new computer capabilities in monitoring the electrical activity of the patient's heart and predicting emergencies before they arise.

June 1974

Mr. Milton Kahn, Honorary Trustee, dies.

The summer begins with all patient rooms air conditioned — a cleaner and cooler prospect than ever before, and much appreciated!

With the closing of the pediatric inpatient service, Dr. Robert Berg vacates his position as Pediatrician-in-Chief with the gratitude of the Hospital for his efforts toward better care of all children.

The Department of Radiology holds an open house in its new Special Procedures Suite located in the 2nd floor of the Sherman Building. The capabilities for cardiac catheterization, angiography, and neuroradiography are outstanding.

Discussions are begun with members of the New England Sinai Hospital in an attempt to help interrelate their efforts with those of the Hospital, in terms both of academic needs and the health care needs of the Jewish community.

Negotiations are undertaken and concluded with Emmanuel College for the purchase of Julie Hall, a dormitory building adjacent to B.I.'s Yamins Building, assuming that the requisite Certificate of Need is approved by the Commonwealth.

July 1974

Newly arrived medical staff include Dr. Walter Abelmann, Head of Cardiology; Dr. Lowell Schnipper, Head of Clinical Oncology; Dr. Sidney H. Ingbar, Head of Endocrinology.

Mr. Thomas M. Botts, Assistant Director, leaves to become Associate Director for Patient and Professional Services at Children's Hospital Medical Center.

Tuition aid benefits to employees are increased from \$500 to \$1,000 maximum for each twelve-month period.

Rambam University Hospital nurses Mrs. Rachel Tavori and Miss Miriam Weiskopf join Beth Israel nursing staff for three months to work in administration under Mrs. Joyce C. Clifford and Mrs. Marjorie Bachmann and in the Operating Room under Mrs. Jacqueline Kellner.

Dr. Alex Rosenberger, Radiologist-in-Chief at Rambam Hospital spends six weeks working in the B.I. Department of Diagnostic Radiology.

B.I. joins with Children's Hospital Medical Center and the Boston Hospital for Women in the formation of the Joint Program in Neonatology, headed by Dr. H. William Taeusch. The program is another example where joint action among several hospitals leads to fiscal and intellectual economies of scale.

BIAC adds its first of two nurse-midwives, who are fully welcomed by obstetrical patients.

August 1974

The Hospital's holiday policy is modified so that permanent employees who prefer to substitute other days off for Rosh Hashanah and Yom Kippur may do so by scheduling alternate days off with their department head in advance.

A new Emergency Unit admissions form is put into use which includes a format for written instructions to be given to the patient on discharge.

September 1974

Dr. A. Stone Freedberg, Professor of Medicine, moves to Emeritus status after a distinguished career as a major participant in the evolution of Beth Israel Hospital from its modest beginnings to its role as a major university hospital.

Dr. William Silen returns from a productive sabbatical leave at the University of California in Berkeley. Dr. Edwin Salzman returns to his former role as Associate Surgeon-in-Chief with a vote of thanks from the Board of Trustees.

The Department of Surgery hosts Professor John C. Goligher of the University Department of Surgery, The General Infirmary, Leeds, as Visiting Professor and Surgeon-in-Chief *pro tem*.

Mr. Fred Silversmith retires after more than 31 years in Plant Engineering and Maintenance with much good will from many Hospital friends.

Mr. Arthur A. Berarducci, Assistant Director, Ambulatory Care, moves to join Dr. H. Richard Nesson at the Harvard School of Public Health. He is replaced by Mr. John N. Parker, formerly of the Yale-New Haven Medical Center and more recently a Boston-based consulting organization.

B.I. employees begin to detail the arrangements for the Hospital joining with the Boston Hospital for Women Employee Credit Union in November.

The new computer, an IBM 370-125, arrives and is placed (temporarily!) in the Kirstein Hall Classroom A.

The Medical Area Service Corporation (MASCO) moves forward with its plans for a total energy plant to serve the needs of area institutions. Concomitant developments include housing in the Vining Street area which means ultimate loss of that land for parking and therefore intensification of the area's parking problems.

Repaving of the garage roof and installation of drains takes place in an attempt to decrease the puddling of water.

The Board votes an across-the-board salary increment of about 4 per cent planned for the month's end along with a new longevity increase program with automatic salary increases related to duration of employment.

The budget for 1974-75 is approved by the Board of Trustees. It contains a \$3.1 million increase in salaries and wages and a \$1.8 million increase in supplies and expenses anticipated over the projected actual figures for 1973-74, for a total budgeted operating expense of \$35.8 million. The deficit is budgeted at nearly \$1.5 million, having been pared down significantly through efforts of administration, clinical chiefs and the new Budget Subcommittee of the Finance Committee, initially headed by Mr. Lee Spelke and later by Mr. Frank A. Morse. Medical and surgical room and care rates rise \$14.00 with typical semi-private accommodations at \$129.00 and private accommodations at \$150.00. The intensive care unit increment is \$80.00 for a charge of \$375.00. Emergency Unit rates go from \$26 to \$32. The prediction for the year ahead is guarded, with major stresses anticipated from the general economy and from our growth in operations and expenses in the following year as the Feldberg Building opens. A three-year financial forecast study is put under way with the assistance of a management consulting firm. The climate for medicine and for hospitals is in some ways dispiriting, related not only to the financial crises of health care and of the economy in general but also to what appears to be a subtle but definite shift in public attitudes towards doctors and providers of health care. Medicine may well have to clean out its own stable, but its armamentarium seems to be decimated increasingly by good intentions combined with frenetic and finicky rule-making by our society. This is a serious challenge but not necessarily an impossible prospect, and we propose to emerge stronger, more confident and better able to express our capabilities and concern "for today's illness and tomorrow's health."

Mitchell T. Rabkin, M.D.

MITCHELL T. RABKIN, M.D.
General Director

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Report of the President of The Staff Council

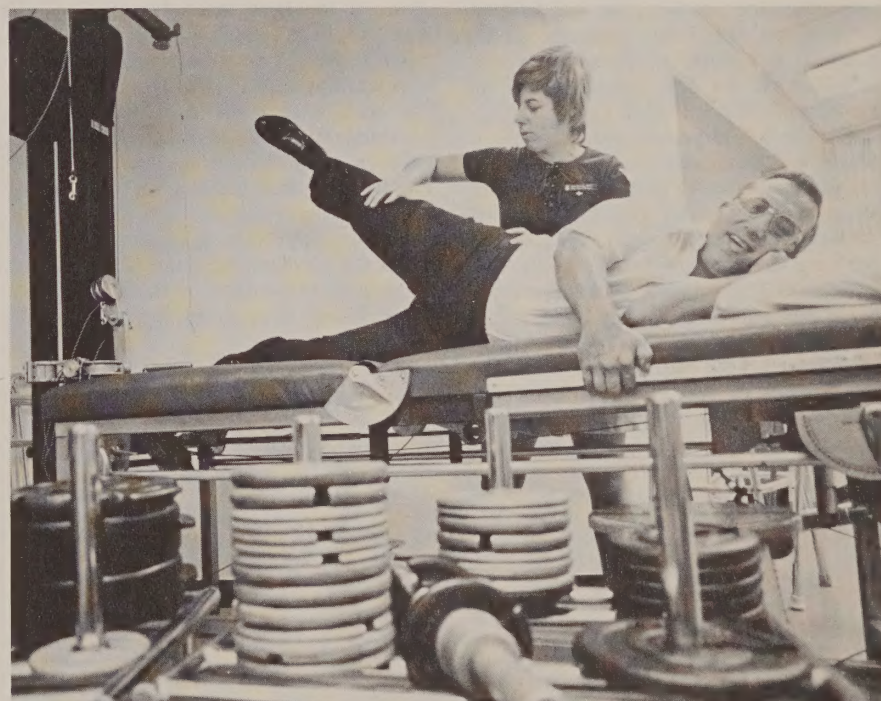
The Staff Council of the Beth Israel Hospital, representing all physicians holding appointments to our Staff, is dedicated to the concept of excellence in the delivery of patient care. In the pursuit of this goal, we seek to be the patient's advocate—and to inform and educate the Administration, our Board of Trustees and ourselves concerning the optimal use of our resources. By professional competence and daily observation at the bedside, the physicians and surgeons of Beth Israel are able to provide constant monitoring and improvement in the performance of patient care. Fortunately, recent years have seen steady growth in meaningful communication between the professional staff, Administration and Board of Trustees. The appointment of individual physicians to active committees of the Board as well as the inclusion of

practitioners on the Medical Executive and Medical Conference Committees has allowed a highly beneficial interchange of ideas.

Ultimately, it is the consumer of medical care—the patient at Beth Israel Hospital—who has gained from these innovative changes. Although our institution may face difficult options in a time of economic stress, I am hopeful that the constructive relationships which have been developed will be a source of strength in meeting future needs for delivery of health services.

Robert H. Resnick

ROBERT H. RESNICK, M.D.
President, Staff Council



Report of the President of The Women's Auxiliary

The year 1974 saw a continuation of the many wonderful programs with which our Women's Auxiliary is so capably involved. Our members seem to thrive and flourish on matters which challenge their extensive abilities and turn difficult obstacles into worthwhile projects.

Our annual fund-raising event which took place last November 3 at Symphony Hall was outstanding both financially and socially; thereby advancing substantially our net proceeds.

Our Thrift Shop completed an excellent year. From the net profit of this shop alone, which is our largest source of income, we were able to donate over \$50,000 to the Hospital.

The Gift Shop, located in the lobby of the Hospital, has risen to new heights and is achieving greater financial success than it has experienced in many years. We are indeed doubly proud of our Shop because of the problems we had to overcome when the front entrance of the Hospital was closed due to construction. It withstood the adjustment period and has actually thrived since then.

The person-to-person group, many of whom are Auxiliaries, continues to flourish and attract more and more volunteers to its midst, making possible an invaluable service which a volunteer can render to a patient, aiding him both emotionally and physically, thus relieving a nurse for her more professional duties.

This year the Auxiliary plans to work more closely with the Director of Volunteer Service of the Hospital, Miss Carolyn Sideman; and will call upon Auxiliary members to assume more Volunteer jobs as well as Auxiliary posts. This, of course, makes for a stronger bond be-

tween Hospital and Auxiliary. It is because of the vast growth of the Hospital and the Auxiliary that an even greater need for volunteers has become necessary.

The new Feldberg Building has been under construction for almost eighteen months and all money raised by the Women's Auxiliary will go towards the building and furnishing of the 5th floor, an inpatient unit of 44 beds. One and a half years ago, we pledged an additional \$300,000 for this facility which will be designated in an appropriate manner as the gift of the Women's Auxiliary.

Last November 10th, it was my extreme pleasure, on behalf of the Women's Auxiliary, to present to Mr. Bernard Grossman, president of Beth Israel Hospital, a check in the amount of \$100,000. It was indeed a thrilling experience.

As this will be my final report as President of the Beth Israel Hospital Women's Auxiliary, since I will be leaving office in May, I want to express my deep appreciation to all those wonderful people both within the Auxiliary and the Hospital who helped make my stay in office a truly delightful experience and one which I shall treasure for many years to come.

As we approach 1975, we pray for peace for all mankind, and shall strive for success in our efforts to help the Beth Israel Hospital in every way possible.

Mrs. Paul Golub

MRS. PAUL GOLUB
President

Report of the President of The Men's Associates

1974 was a year of accomplishment for the Men's Associates. Membership reached a new high, meeting attendance soared and, for the first time, members of the Associates participated in the Hospital's Annual Appeal. We also paid the second \$10,000 installment against our commitment to fund construction of the Hemodialysis Unit.

The real excitement in such a new

organization lies in the future — and early plans for 1975 indicate that it will be our greatest year.

Samuel J. Greenberg

SAMUEL J. GREENBERG
President

Hospital Statistics

	1973	1974	1974 per day
Facilities and Care			
Beds	374	374	
Bassinets for Newborn	62	62	
Patients Admitted	17,002	16,126	
Babies Born	2,512	2,322	6
Patient Days — Adult	117,257	116,752	
Patient Days — Newborn	11,556	10,505	
Emergency Unit Visits	34,981	31,325	86
Outpatient Clinic Visits	83,148	92,680	254
Satellite Clinic Visits	12,081	10,078	28
Home Care Patient Days	18,991	17,936	
Surgical Operations	7,829	7,456	20
Lab Tests	919,980	1,013,726	2,777
X-Ray Exams	53,800	53,914	148
Physical Medicine Treatments	15,228	13,497	37
E.K.G. Exams	19,359	19,899	55
E.E.G. Exams	1,256	1,318	4
The Hospital Family			
Trustees	110	108	
Medical Staff	850	827	
Research Fellows	50	64	
Interns and Residents	155	153	
Volunteers	625	637	
Volunteer Hours	59,000	54,943	
Employees (Full-Time and Part-Time)	2,199	2,254	

Grants for Research and Education

Awarded September 30, 1973 to September 28, 1974

RESEARCH

U.S. Public Health Service — National Institutes of Health Division of Research Resources	\$278,209
National Institute of Allergy and Infectious Diseases	59,769
National Institute of Arthritis, Metabolism, and Digestive Diseases	713,070
National Cancer Institute	80,073
National Heart and Lung Institute	891,531
National Institute of Neurological Diseases and Stroke	147,222
TOTAL NATIONAL INSTITUTES OF HEALTH	\$2,169,874

U.S. Public Health Service — Health Resources Administration National Center for Health Services Research and Development	\$634,808
Center for Disease Control	15,792
Total—Health Resources Administration	\$ 650,600
Joint Projects with Other Research Facilities Massachusetts Institute of Technology	356,554
Harvard Medical School	277,595
	\$ 634,149

Other Research Grants and Funds American Cancer Society	75,474
Carnegie Corporation (BIAC)	50,000
John A. Hartford Foundation	58,702
Sandoz Pharmaceuticals	60,012
All Other Grants and Funds	\$ 624,396
TOTAL RESEARCH GRANTS	\$4,323,207

EDUCATION

U.S. Public Health Service — Training Grants in Medicine, Pathology, Psychiatry, and Surgery	\$ 885,506
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COMMUNITY MEDICINE

U.S. Public Health Service — Maternal and Infant Care	400,594
Children and Youth Project	170,254
City of Boston — Model Cities Administration, Family Health Center	275,544
TOTAL COMMUNITY MEDICINE	\$ 846,392
TOTAL RESEARCH, EDUCATION AND COMMUNITY MEDICINE	\$6,055,105

Project Rebuild Honor Roll

The Beth Israel Hospital acknowledges with profound appreciation the thoughtful support which made the PROJECT REBUILD Capital Fund Campaign overwhelmingly successful. For their generosity in helping make possible the major expansion and improvement program now underway at the Hospital, we extend our gratitude to:

The Lassar and Fanny Agoos Charity Fund
Mr. and Mrs. Harold Ansin
Mr. and Mrs. Hyman Auerbach
Mr. and Mrs. Irving Banquer
Kate Bayes and Estate of Philip Bayes
Mr. and Mrs. Alexander S. Beal
The Beckwith — Godine Families
Mr. and Mrs. Leo M. Beckwith
Mr. and Mrs. Morton R. Godine
The Berger-Tackeff Families
Mr. E. Sidney Berkowitz
Mr. Marshall Berkowitz
Mr. and Mrs. Paul Berkowitz
Mr. and Mrs. Paul Bernat
The Bernstein-Marcus Family
Beth Israel Hospital Women's Auxiliary
Mr. and Mrs. Joseph Bloom
Mr. and Mrs. Robert Boyer
The Bresky Foundation
Hon. and Mrs. Matthew Brown
Mrs. Abraham S. Burg
The Cable Family
Mr. and Mrs. Austin L. Cable
Mr. and Mrs. Irving Perlmutter
Mr. and Mrs. Norman L. Cahners
Mr. and Mrs. Benjamin Call
The Henry G. Cohen Family
Mr. and Mrs. Henry G. Cohen
Dr. and Mrs. S. Charles Kasdon
Mr. and Mrs. Bertram R. Paley
Mr. and Mrs. Maurice M. Cohen
Mr. and Mrs. Norman P. Cohen
Mr. and Mrs. William P. Cohen
Mr. and Mrs. Daniel Coven
Mr. and Mrs. Arnold R. Cutler
Estate of Herman Dana
Mr. and Mrs. Lee Daniels
The John and Rose Druker Family
Mr. and Mrs. Herbert Ludwig
Mr. and Mrs. George M. Feingold
Mr. Bertram A. Druker
Mr. and Mrs. Leo Dunn
Mr. and Mrs. Eugene R. Eisenberg
The Feldberg Family
Mr. and Mrs. Max Feldberg
Mrs. Morris Feldberg
Mr. and Mrs. Stanley H. Feldberg
Mr. and Mrs. Sumner Feldberg
Dr. and Mrs. David Karp
Mr. and Mrs. Milton L. Levy
Mr. and Mrs. Burton Stern
Mr. and Mrs. Murray W. Finard
Mrs. Joseph C. Foster
The Friedlander Family
Mr. Ernest F. Friedlander
Mr. George N. Friedlander
Mr. Robert B. Friedlander
Mr. and Mrs. Sumner M. Gerstein
Mr. and Mrs. Avram J. Goldberg
Mr. and Mrs. Eli Goldston
Mr. and Mrs. Abraham Goodman
Goodman Associates
Mr. Bertrum N. Kellem
Mr. Abraham Wiesenfeld
The J. S. Gordon Family Foundation
Mr. and Mrs. Harry N. Gorin
The Nehemiah Gorin Foundation
Mr. David H. Greenberg
Mr. Lassar H. Grosberg
The Grosberg Family Charity Fund
Mr. and Mrs. Bernard D. Grossman
The Grossman Family Trust
The Florence L. and Mortimer C. Gryzmish Trust
Mr. and Mrs. Clifton E. Helman
Mrs. Helen P. Hennessey
Dr. and Mrs. Burton F. Jaffe
Mr. and Mrs. Albert S. Kahn
Mr. and Mrs. Leo Kahn
Mr. Fred P. Kaplan
Mr. and Mrs. George M. Kaplan
Mr. and Mrs. Leonard Kaplan
Mr. and Mrs. Thomas Kaplan
Mr. and Mrs. George J. Katz
The Mitchell B. Kaufman Charitable Foundation
Mr. and Mrs. Archibald L. Kleven
Mr. and Mrs. David Knopping

Dr. and Mrs. David I. Kosowsky
Mr. and Mrs. Bernard L. Landers
Mr. and Mrs. Norman B. Leventhal
Mr. and Mrs. Harry Levine
Mr. and Mrs. Jos. M. Linsey
The Edward N. Marcus Family
Mrs. Matilda Marcus Caplan
Mr. and Mrs. Herbert D. Marcus
Mr. and Mrs. L. Gerald Marcus
Mr. and Mrs. Mitchell J. Marcus
Mr. and Mrs. Leon Margolis
Mr. and Mrs. Leo Mayer
Mr. and Mrs. George Michelson
Mr. and Mrs. Joseph L. Milhender
The Lester S. and Ruth Morse Foundation
Mrs. Lester S. Morse
Mr. Lester S. Morse, Jr.
Mr. Richard P. Morse
Mr. and Mrs. Morton I. Narva
Mr. and Mrs. Melvin B. Nessel
Mr. and Mrs. Phillip J. Nexon
The Deborah Munroe Noonan Memorial Fund
Estate of Henry Penn
Mr. and Mrs. Ted Poland
Mr. and Mrs. Daniel E. Price
Mr. and Mrs. Irving W. Rabb
Mr. and Mrs. Norman S. Rabb
Mr. and Mrs. Sidney R. Rabb
The A.C. Ratschesky Foundation
Mr. and Mrs. Harry Remis
Mr. and Mrs. Joseph G. Riesman
Mr. and Mrs. Myron Roberts
The Lawrence J. and Anne Rubenstein
Charitable Foundation
Mr. and Mrs. Howard Rubin
Mr. Michael Rudnick
Mr. and Mrs. Louis H. Salvage
Mr. and Mrs. Albert J. Sandler
Mr. and Mrs. Myer Saxe
Mr. and Mrs. Lee Scheinbart
The William E. Schrafft and Bertha E. Schrafft
Charitable Trust
Mr. and Mrs. Lawrence Rill Schumann
The Abraham Shapiro Charity Fund
The Nathan and Samuel Shapiro
Charitable Foundation
Mr. and Mrs. Mitchell T. Simon
Mr. and Mrs. Paul D. Slater
Mr. and Mrs. Samuel L. Slosberg
Estate of Isadore Slotnik
Estate of Moses Slotnik
Mr. Harry Smith
Estate of Louis Smith
Mr. and Mrs. Maurice E. Smith
The Philip Smith Family
Mrs. Marian Smith Cohn
Mrs. Nancy Lourie Marks
Mr. and Mrs. Richard A. Smith
Mr. and Mrs. Eliot Snider
The Sonnabend Family
Mr. Paul Sonnabend
Mr. Roger Sonnabend
Mr. Stephen Sonnabend
Mr. and Mrs. Sherman H. Starr
Mr. and Mrs. Berton Steir
The Stoneman Family
Mrs. David Stoneman
Mr. and Mrs. Sidney Stoneman
Dr. and Mrs. Marshall Strome
Mr. and Mrs. Lawrence L. Suttnerberg
Mr. Edward M. Swartz
Mr. and Mrs. Benjamin A. Trustman
Mr. and Mrs. Peter A. Ulin
Mr. and Mrs. Irving Usen
The Leo Wasserman Foundation
David R. Pokross, Trustee
Mr. David M. Watchmaker
Mr. and Mrs. William Weiner
Mr. and Mrs. Lewis H. Weinstein
Mr. and Mrs. Harold Widett
Dr. Louis E. Wolfson
Dr. and Mrs. Abraham Zaleznick
The Jacob Ziskind Trust
Mrs. Sol W. Weltman
Mr. Mortimer B. Zuckerman

Financial Statements Beth Israel Hospital

AUDITORS' REPORT

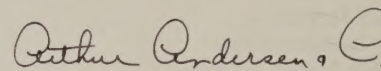
To the Board of Trustees of
The Beth Israel Hospital Association:

We have examined the combined balance sheet of THE BETH ISRAEL HOSPITAL ASSOCIATION (a Massachusetts corporation) as of September 28, 1974 and September 29, 1973, and the related statements of income, condensed statements of changes in fund balances and statements of changes in financial position for the years then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

As discussed more fully in Note (3) to the financial statements, the carrying value of the Hospital's investment in endowment fund securities of \$12,148,049 exceeded the quoted market value by approximately \$3,345,000 at September 28,

1974. Realization of the Hospital's investment in these securities is dependent upon future increases in the market value of the securities.

In our opinion, subject to the realization of the Hospital's investment in endowment fund securities, the accompanying financial statements present fairly the financial position of The Beth Israel Hospital Association as of September 28, 1974 and September 29, 1973, and the results of its operations, changes in its fund balances and the changes in its financial position for the years then ended, in conformity with generally accepted accounting principles consistently applied during the periods.


ARTHUR ANDERSEN & COMPANY

Boston, Massachusetts
January 3, 1975

COMBINED BALANCE SHEETS

September 28, 1974 and September 29, 1973

	ASSETS		LIABILITIES	
	1974	1973	1974	1973
CURRENT ASSETS:			CURRENT LIABILITIES:	
Cash	\$ 447,478	\$ 619,774	Demand loans payable	\$ 375,000 \$ 100,000
Certificates of deposit and savings accounts (Note 4)	1,360,141	1,439,149	Accounts payable —	
	<u>\$ 1,807,619</u>	<u>\$ 2,058,923</u>	Trade	2,074,692 1,359,227
Accounts receivable —			Construction contracts including retainage of \$310,000 in 1974 and \$65,000 in 1973	1,626,879 737,732
Patients — less allowance for doubtful accounts of \$1,520,000 in 1974 and \$1,286,000 in 1973 (Note 5)	\$ 4,639,383	\$ 4,035,352	Accrued expenses	1,423,719 1,228,436
Grants and other receivables, net of \$187,000 reserve in 1974 and \$168,000 in 1973	719,237	450,470	Current financing advances from third-party payors	236,000 457,082
Due from third-party payors for contractual settlements (Note 1)	89,367		Reserves for contractual settlements with third-party payors (Note 1)	927,176
	<u>\$ 5,447,987</u>	<u>\$ 4,485,822</u>	Total current liabilities	<u>\$ 5,736,290</u> <u>\$ 4,809,653</u>
Inventories, at cost (first-in, first-out)	\$ 587,032	\$ 461,575	LONG TERM DEBT:	
Prepaid expenses	245,079	182,605	Massachusetts Health and Educational Facilities Authority Bonds payable (Note 2)	\$28,775,000 \$28,775,000
Total current assets	<u>\$ 8,087,717</u>	<u>\$ 7,188,925</u>	DEFERRED INCOME	<u>\$ 580,048</u> <u>\$ 369,649</u>
INVESTMENTS (Note 3):			FUND BALANCES (Note 1):	
Endowment funds	\$13,154,164	\$13,806,654	Unrestricted funds —	
Development fund	18,471	18,471	General	\$ 1,493,131 \$ 883,495
	<u>\$13,172,635</u>	<u>\$13,825,125</u>	Plant and depreciation	14,363,143 14,896,235
SPECIAL PURPOSE FUNDS —			Endowment	1,360,479 1,451,296
GRANT AWARDS (Note 1):				<u>\$17,216,753</u> <u>\$17,231,026</u>
U. S. Public Health Service	\$ 2,744,988	\$ 1,915,198	Restricted funds —	
DEVELOPMENT FUND PLEDGES RECEIVABLE , less allowance for uncollectible pledges of \$236,200 (Notes 1 and 2)	\$ 4,025,909	\$ 3,573,105	Endowment	\$11,816,876 \$12,370,572
PROPERTY, PLANT AND EQUIPMENT , at cost (Notes 1, 2 and 4)	\$47,744,261	\$41,639,945	Plant expansion and development	7,497,061 5,899,005
Less — Accumulated depreciation	18,925,365	16,855,979	Special purpose	3,139,135 2,876,827
INVESTMENTS HELD IN TRUST , principally by Mass. Health and Educational Facilities Authority (Note 2)	\$28,818,896	\$24,783,966		<u>22,453,072</u> <u>\$21,146,404</u>
	17,062,878	20,150,031		<u>\$39,669,825</u> <u>\$38,377,430</u>
	<u>\$45,881,774</u>	<u>\$44,933,997</u>		<u>\$74,761,163</u> <u>\$72,331,732</u>
DEFERRED BOND DISCOUNT AND DEBT EXPENSE (Note 1)	\$ 848,140	\$ 895,382		
	<u>\$74,761,163</u>	<u>\$72,331,732</u>		

STATEMENTS OF INCOME

For the years ended September 28, 1974 and September 29, 1973

	1974	1973
PATIENT REVENUE:		
Inpatient room and care	\$14,088,096	\$12,550,226
Inpatient ancillary services	12,118,485	10,887,842
Ambulatory	5,525,359	4,671,440
	<u>\$31,731,940</u>	<u>\$28,109,508</u>
Less — Contractual adjustments, discounts and provision for doubtful accounts (net of credits of \$789,000 in 1974 and \$504,000 in 1973 for prior years' contractual adjustments) (Note 1)	4,039,887	4,466,050
Net patient revenue	<u>\$27,692,053</u>	<u>\$23,643,458</u>
OTHER OPERATING REVENUE	<u>1,456,715</u>	<u>1,370,446</u>
	<u>\$29,148,768</u>	<u>\$25,013,904</u>
OPERATING EXPENSES:		
Salaries and wages	\$17,780,734	\$15,674,395
Supplies and expenses	10,472,309	8,531,661
Depreciation (Note 1)	2,088,631	1,972,144
Interest expense	362,894	415,108
Total operating expenses	<u>\$30,704,568</u>	<u>\$26,593,308</u>
Operating loss	<u>\$ (1,555,800)</u>	<u>\$ (1,579,404)</u>
RESEARCH, MEDICAL EDUCATION AND COMMUNITY HEALTH SERVICES (Note 1):		
Salaries and expenses	\$ 4,577,149	\$ 4,696,033
Supported by grants for research, medical education and community health services	(4,534,073)	(4,664,456)
	<u>\$ 43,076</u>	<u>\$ 31,577</u>
OTHER EXPENSES	<u>\$ 75,929</u>	<u>\$ 77,862</u>
NON-OPERATING INCOME:		
Contribution from Combined Jewish Philanthropies	\$ 390,000	\$ 430,000
Investment income, net of capital gain (loss) of (\$91,622) in 1974 and \$39,378 in 1973 (Note 1)	565,789	650,880
Unrestricted gifts and donations (Note 1)	127,674	141,338
	<u>\$ 1,083,463</u>	<u>\$ 1,222,218</u>
Net loss	<u>\$ (591,342)</u>	<u>\$ (466,625)</u>

CONDENSED STATEMENTS OF CHANGES IN FUND BALANCES

For the years ended September 28, 1974 and September 29, 1973

	1974	1973
BALANCE BEGINNING OF YEAR	<u>\$38,377,430</u>	<u>\$36,813,180</u>
Net loss	(591,342)	(466,625)
Investment income added to principal	604,596	196,399
Net gain (loss) on sales of securities	(792,762)	335,650
Pledges, gifts and bequests added to funds (net of adjustments and cancellations)	1,431,623	1,839,957
Fund raising expenses	(43,522)	(41,399)
Grants for research, medical education and community health services (Note 1)	6,055,105	5,116,610
Overhead costs (grants) included in deferred income	(837,230)	(751,886)
Expenditures for research, medical education and community health services programs supported by grants	(4,534,073)	(4,664,456)
BALANCE END OF YEAR	<u>\$39,669,825</u>	<u>\$38,377,430</u>
FUND BALANCES:		
Unrestricted —		
General	\$ 1,493,131	\$ 883,495
Plant and depreciation	14,363,143	14,896,235
Endowment	1,360,479	1,451,296
Restricted —		
Endowment	11,816,876	12,370,572
Plant expansion and development	7,497,061	5,899,005
Special purpose funds	3,139,135	2,876,827
	<u>\$39,669,825</u>	<u>\$38,377,430</u>

STATEMENTS OF CHANGES IN FINANCIAL POSITION

For the years ended September 28, 1974 and September 29, 1973

	1974	1973
FUNDS WERE PROVIDED BY (USED FOR):		
Financing net loss	\$ (591,342)	\$ (466,625)
Add — Depreciation and amortization which did not require the use of funds	2,106,306	1,979,987
Investment income added to principal	604,596	196,399
	<u>\$ 2,119,560</u>	<u>\$ 1,709,761</u>
Revenue bond issue (Note 2) —		
Principal amount of bonds	\$ —	\$28,775,000
Unamortized bond discount and expenses	(9,705)	(905,982)
Sale (purchase) of investments by trustees, net	3,087,153	(20,150,031)
Construction in progress, including \$1,024,569 of bond interest capitalized in 1974 and \$548,254 in 1973	(5,110,413)	(3,849,182)
Interest earned on investments held by trustees, used to reduce capitalized interest costs above during construction period	1,179,012	445,037
Used to refinance short-term indebtedness	—	(8,082,000)
Increase in plant fund long-term debt	—	8,082,000
Interim financing, construction mortgage loan repaid	—	(905,299)
Other, net	32,312	88,557
	<u>\$ (821,641)</u>	<u>\$ 3,498,100</u>
Grants —		
Awards for research and other programs added to fund balance	\$ 6,055,105	\$ 5,116,610
Add (deduct) —		
Deferred income from grants realized as other operating revenue	(639,292)	(746,757)
Expenditures of grant funds, less \$43,076 charged to income in 1974 and \$31,577 in 1973	(4,534,073)	(4,664,456)
Equipment expenditures for research and other programs	(460,194)	(546,615)
Net change in unexpended special awards	(817,329)	1,545,310
	<u>\$ (395,783)</u>	<u>\$ 704,092</u>
Gifts and pledges added directly to restricted endowment fund balance	\$ 223,575	\$ 109,316
Collection of development fund pledges, net of fund raising expenses	711,722	778,894
Net gain (loss) on sales of investment securities	(792,762)	335,650
Decrease in deferred charges	6,960	8,640
Decrease (increase) in investments	652,490	(521,674)
Hospital construction and equipment purchases, excluding equipment for research and other programs (Notes 1 and 2)	(1,731,966)	(1,412,023)
	<u>\$ (929,981)</u>	<u>\$ (701,197)</u>
INCREASE (DECREASE) IN WORKING CAPITAL	<u>\$ (27,845)</u>	<u>\$ 5,210,756</u>
CHANGES IN COMBINED WORKING CAPITAL REPRESENTED BY:		
Increase in current assets	\$ 898,792	\$ 604,477
Decrease (increase) in current liabilities	(926,637)	4,606,279
Increase (decrease) in working capital	<u>\$ (27,845)</u>	<u>\$ 5,210,756</u>

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS
September 28, 1974

(1) Summary of Significant Accounting Policies

Property, Plant and Equipment

Buildings, building improvements and fixed equipment are depreciated on the sum-of-the-years digits method or the straight-line method; movable equipment is depreciated on the straight-line method. The useful lives used are:

Buildings	40 years
Fixed equipment and building improvements	20 years
Movable equipment	5 to 15 years

Deferred Bond Discount and Debt Expense

Deferred bond discount and debt expense are amortized on a straight-line basis over the average lives of the applicable bonds outstanding. During the construction period of the new facilities, a proportionate amount of the amortization is capitalized (see Note 2).

Gifts, Bequests and Pledges

Unrestricted gifts and bequests are included in income in the year received. Restricted gifts, bequests and pledges are credited to restricted fund balances.

The Hospital is the beneficiary of bequests and gifts under various wills and trusts, etc., the realizable amounts of which are not presently determinable. No accounting recognition is given to such gifts and bequests until the funds are received.

Contractual Settlements with Third-Party Payors

Under contractual arrangements with Medicare, Blue Cross and other third-party payors, the Hospital is reimbursed for services rendered to patients covered by these programs based on allowable costs (as defined in the applicable reimbursement regulations). Payments from these third-parties are made to the Hospital on a current basis at interim rates. Differences between the Hospital charges and the reimbursement based on allowable cost are recorded as contractual adjustments. After the close of each year, the Hospital files statements of reimbursable costs with the third-parties, which are used to determine the final reimbursement. These statements are subject to review and possible adjustments by the Medicare intermediary or the Massachusetts Rate Setting Commission. Final audits of the statements of reimbursable costs have been completed through fiscal year 1973 for Medicare and 1971 for Blue Cross. Field audits for Blue Cross reimbursement reports have been completed through fiscal 1973.

Harvard Administered Grants

The salaries and expenses for research, medical education and community health services do not include substantial amounts for grants administered by Harvard University for work done at Beth Israel Hospital. However, the statement of income includes overhead reimbursements of approximately \$108,000 received by the Hospital attributable to Harvard administered grant programs.

Special Purpose Fund Grant Awards

Special purpose funds are primarily used for research, medical education and community health services. The Hospital records special purpose fund grants receivable from the U.S. Public Health Service when the grant award is approved. The U.S. Public Health Service grants receivable are reduced as funds are received from the agency under a letter-of-credit arrangement. All other grants are recorded when the reimbursable project expenditures are incurred by the Hospital.

(2) Building Programs and Related Financing

"Project Rebuild"

The Hospital has undertaken a major plant expansion program called "Project Rebuild". The Hospital anticipates it will complete the "Project Rebuild" construction by April, 1976, at a total estimated cost of \$35,000,000, including the refinancing of \$8,082,000 related to certain other completed construction projects.

Related Financing

In April, 1973, the Hospital issued through the Massachusetts Health and Educational Facilities Authority ("Authority") \$28,775,000 of tax-exempt Series A revenue bonds to finance in part the cost of the plant expansion programs. The remaining cost of the construction will be paid from "Project Rebuild" development fund pledges and other available Hospital funds. The Hospital has delivered to the Authority a \$3,900,000 letter of credit from a bank, which is to be used at the discretion of the Authority to finance "Project Rebuild" construction costs in excess of the proceeds of the bond offering, if any. The Hospital has remitted cash contributions from pledges aggregating \$1,936,000 and thereby reduced its commitment under the letter of credit to \$1,964,000.

The revenue bonds bear interest at 4.60% to 5.75% per annum, and mature in varying amounts from 1977 to 2006. Payments are made to the trustee on a semi-annual basis in amounts equal to the principal, interest, and sinking fund requirements specified in the financing agreements. Principal payments are not required to begin until June, 1977 and sinking fund payments do not begin until June, 1988. Bond interest requirements of \$4,775,000 were deposited in April, 1973, as a prepayment for interest for the period January 1, 1973 to December 31, 1975 (estimated original construction completion date). The bonds are redeemable at the option of the Authority prior to maturity beginning in 1983 at 104% and at decreasing amounts to 100% in 1999 and thereafter.

Under the terms of the bond financing agreements, the Hospital has pledged as security substantially all of its property to the Authority. In addition, the Hospital has granted the Authority a first lien on all gross receipts, as defined.

The unexpended proceeds of the bond issue, together with monies advanced by the Hospital, have been invested and are being held in trust and controlled by the Authority or the trustee in accordance with the terms of the agreement. The investments are reflected on the accompanying balance sheet as "Investments held in trust."

(3) Investments — Endowment Funds

Investments

Investments are stated at cost, or, if received by gift or bequest, at fair market value when acquired. Investment income and gains (or losses) applicable to unrestricted investments are reflected as nonoperating income (loss). Investment income and gains (or losses) applicable to restricted investments are recorded directly in the restricted fund balances.

Investments — Endowment Funds by type of security at September 28, 1974, and the related market value are as follows:

	Carrying Value	Market Value
Bonds	\$ 4,734,969	\$3,843,894
Stocks —		
Common	\$ 5,807,327	\$3,950,913
Preferred	1,605,753	1,008,725
	\$ 7,413,080	\$4,959,638
	\$12,148,049	\$8,803,532
Cash and savings deposit	10,000	10,000
Demand notes	987,000	987,000
Other	9,115	12,233
	\$13,154,164	\$9,812,765

As shown in the foregoing table, the Hospital's carrying value of endowment fund investments in common and preferred stocks of \$7,413,080 and bonds of \$4,734,969 exceeded the quoted market value by \$2,453,442 and \$891,075, respectively, at September 28, 1974. In the opinion of management of the Hospital, there is no permanent impairment in the carrying value of these securities, and no write-downs of these investments have been made.

(4) Property, Plant and Equipment

Hospital property, plant and equipment as of September 28, 1974, is summarized below:

	Cost	Accumulated Depreciation	Net
Land	\$ 229,354	\$ —	\$ 229,354
Building and improvements	18,687,101	7,189,679	11,497,422
Equipment	21,395,487	11,735,686	9,659,801
	\$40,311,942	\$18,925,365	\$21,386,577
Construction-in-progress, of which \$7,364,012 is included in the plant expansion and development fund	7,432,319	—	7,432,319
	\$47,744,261	\$18,925,365	\$28,818,896

During fiscal year 1974, the Hospital transferred \$1,000,000 (\$975,000 in 1973) to its funded depreciation account (plant fund); of this amount \$809,500 (\$840,396 in 1973) was expended for additions to Hospital plant and equipment. At September 28, 1974, cash and certificates of deposit in the depreciation fund amounted to \$1,010,575 (\$994,073 at September 29, 1973).

On October 30, 1974, the Hospital had made, subject to the receipt of certain regulatory approvals, a commitment approximating \$1,500,000 to purchase real estate. A deposit of \$100,000 relating to this commitment was made at the same time.

(5) Accounts Receivable

The Massachusetts Department of Welfare has not paid some Massachusetts hospitals for substantial amounts of services rendered to Medicaid patients prior to July 1, 1974, pending the appropriation of additional funds to the Department of Welfare by the Commonwealth of Massachusetts. At September 28, 1974, accounts receivable of the Hospital included approximately \$943,000 due from the Department of Welfare for services rendered prior to July 1, 1974. Future payment of these Medicaid balances is contingent upon the appropriation of sufficient funds by the Commonwealth of Massachusetts. In the opinion of management, adequate reserves for possible losses on these receivables have been provided by the Hospital as of September 28, 1974.

(6) Pension Plans

The Hospital has a noncontributory pension plan covering substantially all of its employees. Pension plan costs amounted to \$325,000 in 1974 and \$329,000 in 1973, which include amortization of past service costs of \$83,000 in 1974 and 1973. Past service costs are being amortized at 10% a year. It is the policy of the Hospital to fund pension costs accrued. The total assets of the pension fund exceeded the actuarially computed value of vested benefits of the plan at September 28, 1974.

The Hospital is currently reviewing its pension plan to determine what changes will be required to comply with the Pension Reform Act of 1974. Management anticipates that there will be a minimum increase of \$50,000 in annual pension costs when certain provisions of the Pension Reform Act become effective in 1976.

In addition, the Hospital incurred costs of \$339,000 in 1974, and \$303,000 in 1973 for pensions of doctors covered under the Harvard University retirement program and for other pensions under other pension arrangements.

The Hospital received reimbursement from various grants for pension costs of \$129,000 in 1974, and \$133,000 in 1973, which reduced the amount of the above expenditures charged to operations.

Contributors

GIFTS OF \$100 OR OVER

September 30, 1972 — September 29, 1973

Mr. Paul D. Abbott for Year End Appeal	\$ 250.00	Mr. Ben Dorson for Year End Appeal	100.00	Mr. Stanley Hatoff for Year End Appeal	100.00
Mr. and Mrs. Milton G. Abramson		Dr. Edward Dunham for Year End Appeal	100.00	The Hearst Foundation for Biomedical Equipment	5,000.00
for Year End Appeal	100.00	Ben Elfman & Son, Inc. for Year End Appeal	100.00	Hebrew Rehabilitation Center for Aged	
Mr. Richard L. Ackerman for Year End Appeal	250.00	Mr. and Mrs. Lester Endlar for Year End Appeal	335.00	for Ophthalmology Research	450.00
Acme Thread Co.		Mr. Phil Esposito for Jean S. and		Mr. David M. Helpen for Year End Appeal	200.00
for Frances and Leo Freedman Fund	100.00	Frederic Sharf Fund	100.00	Mr. Alexander Hiatt for Year End Appeal	1,000.00
Mr. Sortir C. Adams		Mr. Martin Faurer for Year End Appeal	100.00	Mr. Hyman Hill for Year End Appeal	1,000.00
for Dorothy and Benjamin Finn Fund	500.00	Mr. George Feinberg for Year End Appeal	100.00	Estate of Joseph Himmel	2,896.00
Mr. and Mrs. Howard D. Allen		*Feldberg Family for Anna and Morris		Bequest u/w of Hyman Hindman to establish	
for Year End Appeal	100.00	and Elizabeth and Max Feldberg Fund	500.00	the Dr. Daniel H. Hindman Memorial Fund	5,000.00
Mr. Stephen G. Allen for Year End Appeal	300.00	*Mr. and Mrs. Max Feldberg in honor of		Mr. Harold D. Hodgekinson for Year End Appeal	100.00
Mr. Jordon L. Alperin for Year End Appeal	100.00	Mrs. Whitman's birthday	100.00	Bequest u/w of Harry Holtz to establish	
Dr. George Altman for Year End Appeal	100.00	Lincoln and Therese Filene Foundation for		the Cora and Harry Holtz Fund	10,630.75
Mr. Arthur Altschuler for Year End Appeal	500.00	Lincoln and Therese Filene Fund	5,000.00	Mr. Gilbert H. Hood, Jr. for Year End Appeal	1,000.00
L. C. Anderson Company for Year End Appeal	100.00	Dr. Nathan Fink for Year End Appeal	100.00	H. P. Hood and Sons, Inc. for Year End Appeal	100.00
Anonymous for Endowment Fund	250.00	Mr. Leo Finkelstein for Dr. Louis Hermanson Fund	100.00	Mr. Melvin J. Hootstein for Year End Appeal	200.00
Anonymous to establish Endowment Fund	1,000.00	Mr. and Mrs. Benjamin Finn for the		Mr. H. S. Howe for Year End Appeal	100.00
Anonymous for Year End Appeal	2,000.00	Dorothy and Benjamin Finn Fund	3,600.00	Minnie Hecht Hynneman Trust	
Anonymous for Rose and John Druker Fund	100.00	for Year End Appeal	100.00	for Minnie Hecht Hynneman Fund	191.26
Mr. Larry Antonelli for Year End Appeal	100.00	Dr. Jerome Fischbein for Year End Appeal	100.00	Inter Dictating Service for Year End Appeal	100.00
Mr. and Mrs. Joseph Auerbach		Mrs. Louis I. Fishman for Year End Appeal	100.00	Mr. Philip R. Jackson for Year End Appeal	2,500.00
for Year End Appeal	100.00	Mr. William Fitzgerald for Year End Appeal	1,000.00	Mr. and Mrs. Louis L. Jaffe for Year End Appeal	333.44
Mr. Walter S. Baird for Year End Appeal	100.00	Mrs. Anne Fleischer to establish the		Mrs. Lena Kagno for Year End Appeal	100.00
Mr. G. Storer Baldwin for Year End Appeal	200.00	Anne and Albert Fleischer Fund	2,000.00	Mrs. James Kahn for Year End Appeal	100.00
Mr. John A. Barry for Year End Appeal	500.00	Mrs. Joseph Fleischer for the		Mr. Benjamin Kaner for Dr. Harry Sagansky Fund	100.00
Mr. Abraham Barth		Dr. David and Rhoda Weintraub Fund	300.00	Mr. Seymour Kaplan for Mark Kaplan Fund	500.00
for Teaching and Research Fund	1,000.00	Food Town for Louis and Marion Fishman Fund	300.00	Mr. Thomas Kaplan for Year End Appeal	100.00
Mr. and Mrs. Ben E. Bayne for Cancer Research	100.00	Mr. Sidney Foreman for Year End Appeal	115.00	Mr. Sidney Karofsky for Year End Appeal	100.00
Leona R. and Alexander S. Beal to establish		Miss Marion Fox for Year End Appeal	462.58	Mr. Samuel Katz for General Fund	100.00
the Leona R. and Alexander S. Beal Fund	890.10	Mrs. Barnet Frank for Irving W. Rabb Fund	500.00	Messrs. William F. Keesler and David Scott	
Beautyville for Albert Lappin Memorial Fund	100.00	Dr. Howard S. Frazier for Year End Appeal	100.00	for Rose and John Druker Fund	100.00
Estate of Michael Bell for General Fund	200.00	Mrs. Gustave B. Fred to establish the		Bequest u/w of Louis Kessel for General Fund	500.00
Dr. Harold Bengloff for Year End Appeal	100.00	Dr. Gustave B. Fred Fund	1,000.00	Dr. Lester Klein for Year End Appeal	100.00
Estate of David Berger for General Fund	100.00	Mr. and Mrs. Gilbert Freeman for Year End Appeal	100.00	Mr. Reuben Koenig and Family and Mrs.	
Estate of Abram J. Berkwitz		Dr. David Freiman for Dr. George Pike Fund	150.00	Beatrice Saphier to establish the	
for Abram J. Berkwitz Fund	1,100.56	for Year End Appeal	100.00	Calman Koenig Memorial Fund	1,000.00
Mr. Isaac Berman for Year End Appeal	200.00	Mr. and Mrs. George P. Gardner		Mr. and Mrs. Eli Kolp for Year End Appeal	100.00
Mr. David Bernstein for Year End Appeal	600.00	for Year End Appeal	100.00	Dr. David E. Kopans for	
Mrs. Edith Bernstein for Gastroenterology Fund	1,000.00	Mr. Samuel A. Gass for Year End Appeal	100.00	Obstetrician-in-Chief Fund	200.00
Mr. Eliot Bernstein for Year End Appeal	250.00	Mr. Morris Gens for Year End Appeal	100.00	Mr. Jack Koplow for Year End Appeal	100.00
Beth Israel Hospital Staff Council	500.00	Mr. Sumner Gerstein for Year End Appeal	100.00	Mr. Joseph Kosow for Dr. Harry Sagansky Fund	250.00
Beth Israel Hospital Nurses' Alumnae		Mr. and Mrs. William Gerstley II		Dr. Clinton Koufman for Year End Appeal	100.00
for BIH Nurses' Alumnae Fund	2,000.00	for Year End Appeal	100.00	Kramer Family for Dr. Harry Sagansky Fund	100.00
Mr. Sidney M. Bird for Year End Appeal	200.00	Mrs. Charles H. Gessner for the		Bequest u/w of Esther Kripke	1,000.00
Dr. and Mrs. Jack Bloom		Charles H. Gessner Loan Fund	800.00	Mr. Selwyn Kudisch for Year End Appeal	931.92
for Dr. Robert Buka Jr. Fund	100.00	Mr. and Mrs. Gerald Gillerman		Prof. Charles L. Kuhn for Year End Appeal	100.00
Gladys J. and Arthur R. Boerner		for Year End Appeal	150.00	Mr. and Mrs. Emanuel Kurland	
for Dr. Charles G. Mixter Fund	100.00	Gilman Brothers, Inc. for Year End Appeal	100.00	for Year End Appeal	100.00
Mr. Isadore Bromfield for Year End Appeal	100.00	Mr. Joseph Glasser for Year End Appeal	100.00	Estate of Samuel Kurland to establish the	
Mrs. Barbara T. Brown for Year End Appeal	100.00	Mr. Henry Goldberg for Year End Appeal	100.00	Samuel Kurland Fund	4,000.00
Mr. Nathan Buchman to establish		Mr. Morris I. Goldberg for Edward Swartz Fund	500.00	Mr. Shepard Kussell for Year End Appeal	100.00
the Nathan and Beatrice Buchman Fund	1,000.00	Bequest u/w of Joseph Goldenberg		Mr. Roger Landay for Year End Appeal	200.00
Mr. and Mrs. Karl Burack for Heart Research	350.00	for Medical Care Studies	911.96	Mr. Bernard L. Landers for Year End Appeal	250.00
Bequest u/w of Mildred Burg		Mrs. Eunice Goldfarb for Year End Appeal	100.00	William E. Lebowich Charitable Fund	
to establish the Mildred Burg Fund	1,000.00	Albert K. Goldman Trust for Year End Appeal	300.00	for Year End Appeal	200.00
Mr. and Mrs. Maxwell Burstein		Estate of Anna Goldman for General Fund	415.28	Leonhardt Company for Year End Appeal	100.00
for Year End Appeal	100.00	Dr. and Mrs. Henry Goldman for		Mrs. Eleanor Leventhal for	
Mr. Norman Cahners for Irving W. Rabb Fund	100.00	Herman and Bernice K. Snyder Fund	100.00	Robert and Eleanor Leventhal Fund	500.00
Ms. Ethel Carlin for Year End Appeal	100.00	Mr. Hy Goldstein for Year End Appeal	100.00	Mr. Norman B. Leventhal for Year End Appeal	200.00
Mr. Jacob Carmen for Year End Appeal	200.00	Dr. Robert M. Goldwyn for Year End Appeal	100.00	Bequest u/w of Joseph Levin for General Fund	500.00
Mr. John Carlson for Year End Appeal	100.00	Mr. and Mrs. Paul Golub for Year End Appeal	200.00	Mr. Harry Levine for Year End Appeal	100.00
Mr. David Chance for Year End Appeal	150.00	Mr. Morris Goodman for Year End Appeal	500.00	Mr. and Mrs. Leo Levine for Year End Appeal	100.00
Bequest u/w of Leah B. Cline		Mr. Herbert Goodman for		Mr. Albert Levitt for Year End Appeal	100.00
for Leah B. and Harry Cline Fund	2,000.00	Dr. Harry Sagansky Fund	100.00	Dr. David Lewis for Teaching and Research Fund	1,000.00
Clinical Assays, Inc.		Mr. and Mrs. Sylvan Goodman for		Mr. Mark Linenthal for Anna Davidson	
for Teaching and Research Fund	1,000.00	Dr. Charles F. Wilinsky Fund	150.00	Linenthal and Mark Linenthal Fund	7,000.00
Mr. Ernest Clivio for Year End Appeal	100.00	Mr. George Gootner for General Fund	100.00	Mr. and Mrs. Joseph Linsey	
Mr. Julius Cohen for Year End Appeal	100.00	Selma and Louis M. Gordon Charitable Fund		for Dr. Harry Sagansky Fund	500.00
Mr. and Mrs. Martin E. Cohen		for Year End Appeal	1,047.48	Mrs. Lucien Loeb for Year End Appeal	945.26
for Year End Appeal	100.00	Mr. and Mrs. Simeon Gordon for		Mr. Caleb Loring, Jr. for Year End Appeal	100.00
Estate of Maurice L. Cooper		Ellis and Rose D. Gordon Fund	100.00	Mrs. Maurice Mades for Year End Appeal	100.00
for Medical Care Studies	500.00	General Bernard L. Gorfinkle for the		B. L. Makepeace, Inc. for Year End Appeal	100.00
Mr. Ben Corman for Year End Appeal	100.00	Gen. Bernard L. and Frieda Gorfinkle Fund	100.00	Mr. Mitchell J. Marcus for Year End Appeal	100.00
Mr. Louis Corman for Year End Appeal	100.00	Mr. and Mrs. Harry N. Gorin		Harry and Nancy Marks	
Mr. Joseph Corwin for Year End Appeal	500.00	for Year End Appeal	1,000.00	for Herman and Bernice K. Snyder Fund	100.00
Mr. Daniel Coven for Year End Appeal	100.00	Dr. Jacob Gottler for Year End Appeal	100.00	Mr. Albert Markson for Mark Kaplan Fund	500.00
Estate of Lotta M. Crabtree,		Mr. Simon Gottlieb for Year End Appeal	800.00	Mr. Henry Mason for Year End Appeal	100.00
Mr. Frank Wilson, Trustee,		Goulston and Storrs for Evelyn and		Mrs. Josephine Massell to establish the	
for Social Service Director's Fund	200.00	Theodore Berenson Fund	2,000.00	Dr. Benedict F. Massell Fund	1,000.00
Mary A. Crabtree Fund,		Mrs. Sadie Green for Year End Appeal	100.00	Dr. Paul Massik for Year End Appeal	100.00
Mr. Timothy J. Driscoll, Trustee,		Mr. David H. Greenberg for Year End Appeal	100.00	Dr. J. Jay Matloff for Year End Appeal	100.00
for Social Service Director's Fund	100.00	Edward Greenfield for Edward Greenfield Fund	125.00	Mr. E. J. McCarthy for Year End Appeal	100.00
Mr. Maxwell Cummings		Estate of Evelyn P. Greenspan		Mr. John J. McCarthy for Year End Appeal	100.00
for Evelyn and Theodore Berenson Fund	250.00	to establish the Evelyn P. Greenspan Fund	1,000.00	Dr. Thomas McGetchin for Year End Appeal	100.00
Mr. Marshall A. Dana for Lester Harold		Bequest u/w of Morris Greenspan		Ms. Katherine McNulty for General Fund	100.00
and Irene Habro Dana Fund	100.00	to establish the Morris Greenspan Fund	1,000.00	Men's Associates for Dialysis Unit Fund	10,000.00
Mr. Arnold S. Dane		Groman Family Foundation,		Mr. George Michelson for Year End Appeal	100.00
for Dr. Louis M. Freedman Fund	100.00	Mr. Herbert L. Baron for Year End Appeal	200.00	Dr. David Miller for Year End Appeal	200.00
Mr. Robert C. Dean for Year End Appeal	100.00	Mr. and Mrs. Bernard D. Grossman		Mr. Melvin B. Miller for Year End Appeal	100.00
Mr. Sydney DeYoung		for Bernard D. and Grace S. Grossman Fund	300.00	Mr. and Mrs. Otto Morningstar	
for Urological Research Fund	3,380.59	Mr. and Mrs. Joseph B. Grossman		for Year End Appeal	100.00
Mr. Philip Ditch for Edward Swartz Fund	1,000.00	for Neurology Fund	1,000.00	Mr. Richard P. Morse	
Mrs. Mary Doherty for Year End Appeal	100.00	Mr. Nissie Grossman for Year End Appeal	100.00	for Louis H. and Frances B. Salvage Fund	100.00
Mr. Joseph Dolinsky for Year End Appeal	100.00	Dr. Arnold Gurin for Year End Appeal	100.00	Mr. and Mrs. Abraham Moskow	
		Mr. Samuel R. Gurney for Year End Appeal	200.00	for Year End Appeal	100.00
		Mr. and Mrs. Lewis Gussman to establish		Mr. Max Mydans for Year End Appeal	100.00
		the Mary (May) Rosenberg Fund	1,000.00		

* New fund established since September 25, 1972

Bequest u/w of Dorothy Welling Neafsey to establish the Dorothy Welling Neafsey Fund	10,000.00
Mr. Leonard Neiman, Neiman-Nyman Charitable Foundation for Year End Appeal	200.00
Dr. H. Richard Nesson for Year End Appeal	100.00
Mr. Barney Newman for Year End Appeal	500.00
Mr. Leon S. Newton for Year End Appeal	100.00
Mr. Phillip J. Nexon for Year End Appeal	100.00
Herman Nick Metals Co. for Dr. Harry Sagansky Fund	200.00
Mr. Saul Nulman for Year End Appeal	200.00
Mr. Frank O'Brien for Neurology Research Fund	100.00
Old Colony Charitable Foundation, Edward N. Dane, Trustee for Year End Appeal	500.00
Janice Olins for Matthew and Harriet Porosky Fund	300.00
Mr. Myer L. Orlov for Dr. Charles Wilinsky Fund	100.00
for Year End Appeal	100.00
Mr. Bertram Paley for Year End Appeal	200.00
Mr. Barnett Palley for Year End Appeal	100.00
Henry Penn Residual Trust for Year End Appeal	2,362.61
Mr. Graham Penney for Year End Appeal	200.00
Joseph Persky Foundation for Year End Appeal	500.00
Dr. George M. Pike for Year End Appeal	250.00
Mrs. Abraham Pinanski for Judge Abraham Pinanski Fund	100.00
Estate of Israel J. Poger for General Fund	500.00
Mr. David R. Pokross for Year End Appeal	100.00
Bequest u/w of Mr. Samuel Poorvu for General Fund	500.00
Mr. and Mrs. Louis Popkin and Barbara Popkin for Dr. Harry Sagansky Fund	100.00
Mr. Charles Porder for Year End Appeal	100.00
Mr. and Mrs. Harry Portnoy for Dr. Harry Sagansky Fund	100.00
Mr. Richard M. Potter Family for Year End Appeal	100.00
Production Systems, Mitchell J. Marcus, President, for Home Care	100.00
Mrs. Hannah A. Quint, Aronson Foundation, Inc. for Year End Appeal	500.00
Mrs. Irving W. Rabb to establish the Irving W. Rabb Fund	1,000.00
Mr. Irving W. Rabb for Year End Appeal	100.00
Dr. and Mrs. James M. Rabb for Irving W. Rabb Fund	250.00
Mr. Norman Rabb for Year End Appeal	100.00
Mr. and Mrs. Sidney R. Rabb for Bertha C. and Edward Rose Fund	100.00
in honor of Mrs. Whitman's birthday	100.00
Mr. Jacob Reed for Year End Appeal	100.00
Mr. Sidney J. Reed for Year End Appeal	100.00
Mr. and Mrs. H. A. Rey for Year End Appeal	100.00
Mr. Joseph Riesman for Louis H. and Frances B. Salvage Fund	100.00
for Year End Appeal	200.00
Mr. and Mrs. Elmer Rigelhaupt for Year End Appeal	100.00
Mr. Kenneth Rome for General Fund	100.00
Rome Charities Trust for Joseph and Rebecca Rome Fund	1,400.00
Mr. E. H. Rosenberg for Simon and Rita Rosenberg Fund	2,500.00
Mr. Howard Rosenberg for Year End Appeal	100.00
Mr. Robert H. Rosenberg for Cancer Research	100.00
Mrs. Ethel G. Rosenfeld for Charles H. Gessner Loan Fund	596.80
Dr. Chester Rosoff for Year End Appeal	100.00
The Howland Foundation for Year End Appeal	12,667.24
Mr. Howard Rubin for Year End Appeal	100.00
Mr. Samuel Rubin for Year End Appeal	100.00
Mr. and Mrs. Ralph Rudnick for Social Service Director's Fund	100.00
Rudnick Charitable Foundation Inc. for Year End Appeal	100.00
Hans Sachs Trust for Audio Visual Aid	2,500.00
Mrs. Harry Sagansky and Children for Biomedical Equipment	1,000.00
Estate of Mabel Salter to establish the Mabel and Abram Salter Fund	500.00
Mr. Thomas Sampson for Year End Appeal	100.00
Mrs. Ashton G. Sanborn for Year End Appeal	1,000.00
Sanitas Service of Massachusetts for Year End Appeal	100.00
Mr. Richard G. Sawler et al. for Year End Appeal	100.00
Mr. and Mrs. Jack Schafer for Irving W. Rabb Fund	100.00
Mrs. Toby Schneider for Year End Appeal	200.00
Mr. Joseph Schwartz for Year End Appeal	200.00
Mr. Louis Schwartz, Louis Schwartz Family Foundation for Year End Appeal	200.00
Dr. Bernard Sears for Year End Appeal	100.00

Estate of Minnie S. Seaver for Minnie S. Seaver Fund	261.15
Security National Bank for Heart Fund	100.00
Mrs. James M. Sexauer, John A. Sexauer Foundation for Year End Appeal	250.00
Mr. and Mrs. Julius Shack for Year End Appeal	100.00
Dr. and Mrs. David Shander for Louis H. and Frances B. Salvage Fund	100.00
Carl Shapiro Family for Diabetes Research Fund	438.67
Mr. Irving Shapiro for General Fund	100.00
for Year End Appeal	200.00
Mr. and Mrs. Stephen Shapiro for Pediatrician-in-Chief Fund	100.00
Mr. Frederic Sharf for Jean S. and Frederic A. Sharf Fund	100.00
Mr. and Mrs. Hirsh Sharf and Family to the Jean S. and Frederic A. Sharf Fund	100.00
Dr. Albert Sheffer for Year End Appeal	100.00
Bessie Shir Trust for the Samuel and Bessie Shir Fund	250.00
Mr. Arthur A. Siegal for Dr. Harry Sagansky Fund	100.00
Jesse and George Siegel Foundation for Research in Hematology	8,000.00
Mrs. Coleman Silbert for Year End Appeal	150.00
Mr. Henry Silverstein for Year End Appeal	100.00
Mr. and Mrs. Maurice J. Simon for Dorothy and Sydney R. Green Fund	100.00
for Year End Appeal	100.00
Mr. Philip Simon for Year End Appeal	100.00
Mr. and Mrs. Harold Singer for Year End Appeal	100.00
Mr. Maurice Z. Slater for Biomedical Equipment	2,000.00
Mr. Paul Slater for Year End Appeal	300.00
Mr. and Mrs. Samuel L. Slosberg for Louis H. and Frances B. Salvage Fund	100.00
for Year End Appeal	100.00
Mr. Harold B. Snyder for Sarah and Israel Snyder Fund	100.00
Mr. and Mrs. Herman Snyder for Herman and Bernice K. Snyder Fund	1,000.00
Mr. and Mrs. Ralph Snyder, Mr. and Mrs. Wilbur Snyder, Mr. and Mrs. Herbert Copellman, and Mr. and Mrs. Harold Ullian for Rose and John Druker Fund	500.00
Mr. Lester G. Sobin for Medical Care Studies	1,000.00
Mr. and Mrs. Hervey Solar for Herman and Bernice K. Snyder Fund	100.00
Mr. and Mrs. Sidney Solomon for the Irving W. Rabb Fund	500.00
The Sonnabend Family for Home Care	100.00
Mr. and Mrs. John Spiegel for Year End Appeal	200.00
Mr. Harry Star for Year End Appeal	100.00
Mr. Clifford D. Stewart, Jr. for Year End Appeal	100.00

Mr. and Mrs. S. Robert Stone for Gussie G. and H. Joseph Stone Fund	100.00
for Mark M. Stone Fund	100.00
for Louis H. and Frances B. Salvage Fund	100.00
in honor of Mrs. Whitman's birthday	100.00
The Stone Family for Annette S. and Alfred L. Morse Fund	100.00
Mr. and Mrs. Sidney Stoneman for Alfred L. and Annette S. Morse Fund	100.00
for Year End Appeal	200.00
Mr. John J. Strock for Biomedical Equipment	500.00
for Year End Appeal	250.00
Mr. Lawrence L. Suttenger for Year End Appeal	250.00
Bequest u/w of Edward Swartz for Edward Swartz Fund	25,000.00
Mr. Edward Swartz for Gertrude W. and Edward S. Swartz Fund	1,000.00
Mr. and Mrs. Julius Tofias for Year End Appeal	100.00
Mr. Edward Touloukian for Year End Appeal	100.00
Mr. Stephen Traynor for Biomedical Equipment Fund	1,000.00
Mr. and Mrs. Harold Ullian in honor of Mrs. Whitman's birthday	100.00
Mr. David W. Vigoda for Year End Appeal	100.00
Miss Barbara C. Wallace for Psychiatry	1,950.00
Dr. Joseph Wallace for Year End Appeal	150.00
Mr. David M. Watchmaker for Year End Appeal	100.00
Prof. James Watson for Year End Appeal	500.00
Frederick E. Weber Trust for Social Service Director's Fund	200.00
Mr. Louis S. Weinberg for Irene and Louis Weinberg Fund	500.00
Dr. and Mrs. David Weintraub for Year End Appeal	100.00
Mr. and Mrs. Mark Weintraub for Dr. David and Rhoda Weintraub Fund	100.00
Mr. Morris Weitz for Medical Care Studies	100.00
Mrs. Nehemiah H. Whitman for Theresa Cohen Whitman and Nehemiah H. Whitman Fund	239.24
Mr. and Mrs. Alexander M. Wilson for Year End Appeal	100.00
Mrs. Kerna Wolff for Year End Appeal	100.00
Dr. Louis E. Wolfson for the Ethel M. and Jack London Fund	100.00
Mrs. Frances Rose Wyner for Dr. Louis M. Freedman Fund	100.00
Mr. Justin L. Wyner for Sara G. Wyner Fund	100.00
Mr. Rudolph H. Wyner for Sara G. Wyner Fund	100.00
Prof. Abraham Zaleznik for Year End Appeal	100.00
Mr. Edward Ziegler for Year End Appeal	100.00
Mr. Morris Zussman for Year End Appeal	102.24



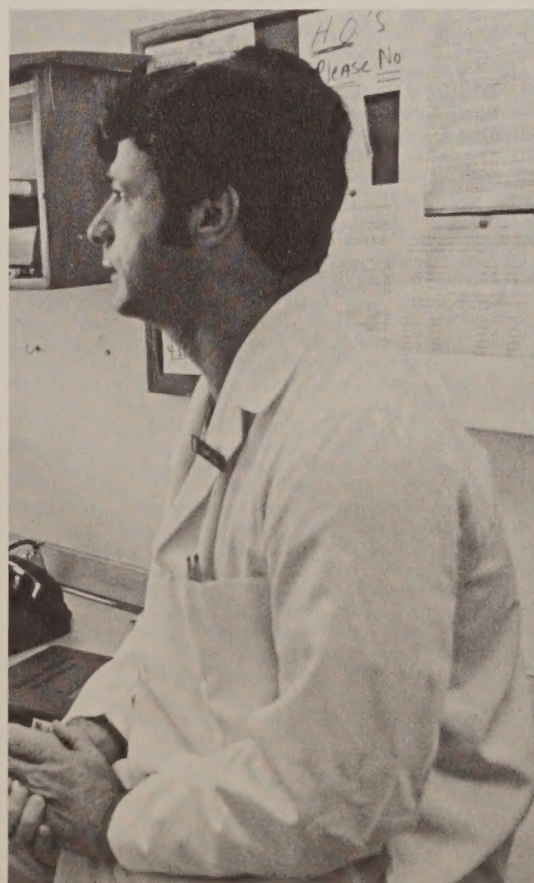
GIFTS OF \$100 OR OVER

September 29, 1973 thru September 28, 1974

Mr. John Abramson for Louis I. and Marion Fishman Fund	\$300.00
Mr. Richard L. Ackerman for Annual Appeal	100.00
Mr. Andrew Ala and friends for Campanelli Family Fund	100.00
Mr. and Mrs. Howard D. Allen for Annual Appeal	100.00
Mr. Stephen G. Allen for Annual Appeal	350.00
Dr. George Altman for Annual Appeal	100.00
Ameritogs for Mark Kaplan Fund	500.00
L. C. Anderson Co. for Annual Appeal	100.00
Andre's Refrigeration for Campanelli Family Fund	100.00
Anonymous for Annual Appeal	2,000.00
Anonymous for Albert Lappin Fund	500.00
Anonymous for Medical Care Fund	100.00
Mr. L. Antonelli for Annual Appeal	100.00
Mr. Norman B. Asher for Campanelli Family Fund	200.00
Mr. and Mrs. Joseph Auerbach for Annual Appeal	100.00
Mr. Irving Bachman for Annual Appeal	100.00
Mr. Elliott Bachner for Annual Appeal	100.00
Mr. Paul Bagriansky for Annual Appeal	100.00
Mr. Herbert L. Baron for Annual Appeal	500.00
Mr. Irving Baron for Annual Appeal	100.00
Mr. John A. Barry, Chaney Fund for Annual Appeal	500.00
Mr. David Bassin to establish the Samuel L. and Frances Bassin Fund	1,000.00
Mr. Leo Beckwith for Louis I. and Jennie Beckwith Fund	100.00
Bequest under will of Bella Beckwith for General Fund	100.00
Mr. Alan Belgard for Edward Swartz Fund	10,857.00
Dr. Harold Bengloff for Annual Appeal	100.00
David Berger Trust for General Fund	100.00
Mr. Milton Berger for Annual Appeal	200.00
Mr. David W. Bernstein for Annual Appeal	500.00
Mr. Eliot L. Bernstein for Annual Appeal	200.00
Beth Israel Hospital Nurses' Alumnae for B.I.H. Nurses' Alumnae Association Fund	2,000.00
Mr. Walter Bieringer for Annual Appeal	100.00
Mr. Sidney M. Bird, Ariel U. Bird Foundation for Annual Appeal	200.00
Dr. Howard Bleich for Teaching and Research Fund	179.00
Dr. and Mrs. Jack Bloom for Annual Appeal	100.00
Mr. Gilbert V. Boro for Annual Appeal	100.00
Boston Five Cent Savings Bank for the Campanelli Family Fund	100.00
Nathan and Eva Brezner Foundation for addition to Nathan and Eva Brezner Fund	1,000.00

Mr. and Mrs. David Breitman for Annual Appeal	1,000.00
Drs. Bulian, Wallace, Gochberg for Annual Appeal	150.00
Mr. Thomas Bushman for Annual Appeal	100.00
Mr. Austin L. Cable for Annual Appeal	300.00
Godfrey L. Cabot Charitable Trust for Hemodialysis Unit	1,000.00
Campanelli Inc. Employees for Campanelli Family Fund	125.00
Campanelli Inc. Employees, Illinois for Campanelli Family Fund	125.00
Michael Campanelli for Campanelli Family Fund	250.00
Ronald Campanelli for Campanelli Family Fund	100.00
Mr. David Casty for Annual Appeal	1,000.00
Dr. Bernard S. Chaikin for Annual Appeal	100.00
Mr. Peter Chernis for Annual Appeal	100.00
Mr. and Mrs. Paul Child for Annual Appeal	100.00
Mr. Ernest Clivio for Annual Appeal	100.00
Mr. and Mrs. Martin Cohen for Annual Appeal	100.00
Committee of the Permanent Charity Fund Inc. for Patient Room Improvements	25,000.00
Commonwealth Fund for BIAC	125,000.00
Mr. Maurice D. Cooper for General Fund	100.00
Mr. Joseph Corwin for Annual Appeal	500.00
Mr. Daniel Coven for Annual Appeal	100.00
Lotta M. Crabtree Trust for Social Service Director's Fund	350.00
Bequest under will of William Dagilas to establish the William and Sara Dagilas Fund	20,000.00
Mr. Marshall A. Dana for Annual Appeal	100.00
Mrs. Selma Davis for Annual Appeal	300.00
Mr. and Mrs. Philip Dean for Annual Appeal	200.00
Mr. Robert C. Dean for Annual Appeal	100.00
Ms. Bertha Densen for Arthur Kohlenberg Fund	100.00
Mr. S. Sydney DeYoung for Urological Research Fund	2,849.00
Mr. Richard S. Dodd for Campanelli Family Fund	100.00
Mrs. Mary Doherty for Annual Appeal	100.00
Mr. Ben Dorson for Annual Appeal	100.00
Mr. Jack Dreyfuss for Annual Appeal	100.00
Bequest under will of Rose Druker to establish the John and Rose Druker Fund	10,000.00
Mr. Samuel Dubrow for Annual Appeal	100.00
Dr. Edward Dunham for Annual Appeal	350.00
Mr. Leo Dunn for Annual Appeal	100.00
Mr. Henry Epstein for Neurological Research Fund	1,253.00
Mr. Phil Esposito for Jean S. and Frederic A. Sharf Fund	100.00
Mr. Tony Esposito for Jean S. and Frederic A. Sharf Fund	100.00
Dr. Joseph Factor for Annual Appeal	100.00

Mr. Silvio Farina for Campanelli Family Fund	1,000.00
Mr. Stanley H. Feldberg for Annual Appeal	100.00
Mr. Max Ficksman for Annual Appeal	100.00
Lincoln and Therese Filene Foundation for Lincoln and Therese Filene Fund	10,000.00
Dr. Nathan Fink for Annual Appeal	100.00
Mr. Benjamin Finn for Dorothy and Benjamin Finn Fund	1,600.00
Mr. and Mrs. Jerold Finn for Dorothy and Benjamin Finn Fund	100.00
Dr. Jerome W. Fischbein for Annual Appeal	100.00
Mrs. Louis I. Fishman for Annual Appeal for Louis I. and Marion Fishman Fund	500.00
Bequest under will of Frank Fleishman for Medical Care Fund	500.00
Mr. Sidney Forman for Annual Appeal	100.00
The Foxboro Company Foundation for Annual Appeal	500.00
Dr. Fred Frankel for Annual Appeal	100.00
Dr. David Freiman for George Pike Fund for Annual Appeal	150.00
Mr. Maurice Gardner for Annual Appeal	100.00
Mr. Stephen Garfinkle for Campanelli Family Fund	100.00
Mr. Samuel A. Gass for Annual Appeal	100.00
Charles Robert Gens Foundation for Annual Appeal	100.00
Mr. Charles A. George for Campanelli Family Fund	100.00
Mr. Sumner Gerstein for Annual Appeal	100.00
Mr. and Mrs. William Gerstley II for addition to Carl J. and Bess V. Kaffenburgh- May K. Sondheim Fund	500.00
Mr. and Mrs. Henry Gesmer for Annual Appeal	100.00
Mr. Thomas M. Gibson for Campanelli Family Fund	100.00
Mr. and Mrs. Gerald Gillerman for Annual Appeal	250.00
Bequest under will of Frances M. Ginsberg for addition to Frances M. Ginsberg Fund	200.00
Mr. Joseph Glasser for Annual Appeal	100.00
Mr. Harry Gold for Annual Appeal	100.00
Mr. Emanuel Goldberg for Annual Appeal	100.00
Mr. Jacob Goldberg for Annual Appeal	1,339.00
Mr. Milton Goldberg for Annual Appeal	100.00
Mr. Ernest J. Golden for Annual Appeal	100.00
Dr. Peter Goldman for Annual Appeal	100.00
Mr. Hy Goldstein for Annual Appeal	100.00
Mrs. Robert Goldstein for Annual Appeal	500.00
Dr. Robert Goldwyn for Annual Appeal	100.00
Mr. Morris Goodman for Annual Appeal	250.00
Mrs. Sylvan A. Goodman for Dr. Charles F. Wilinsky Fund	200.00
Nehemias Gorin Foundation for Annual Appeal	7,500.00
Dr. Jacob Gottler for Annual Appeal	100.00
Ms. Hilda Gouldsbrough for Annual Appeal	100.00
Mr. and Mrs. Albert Grandberg for Sadie and Albert Grandberg Fund	200.00
Mr. David H. Greenberg for Annual Appeal	100.00
Dr. Harold Greenberg for Annual Appeal	100.00
Mr. Lassar H. Grosberg for General Fund	100.00
Mr. Bernard D. Grossman for Bernard D. and Grace S. Grossman Fund	300.00
Mr. Joseph B. Grossman for Bernard D. and Grace S. Grossman Fund	200.00
Mr. and Mrs. Joseph B. Grossman for Neurological Fund	500.00
Dr. Walter Guralnick for Annual Appeal	100.00
Mr. Arnold Gurin for Annual Appeal	100.00
Abraham and Rachel Guterman Foundation for Annual Appeal	769.00
Mr. Walter Hammond for Annual Appeal	100.00
Mr. Richard A. Harris for Annual Appeal	100.00
Hearst Foundation for Biomedical Equipment	5,000.00
Mr. Clifton E. Helman for Annual Appeal	100.00
Bequest of Joseph Himmel for addition to the Joseph Himmel Fund	371.00
Mr. Ken Hodge for Jean S. and Frederic A. Sharf Fund	100.00
Bernard J. Holmberg Trust for addition to the Bernard J. Holmberg Fund	200.00
Bequest under will of Harry Holtz for addition to Cora and Harry Holtz Fund	906.00
Mr. Gilbert H. Hood, Jr., Trustee, Gilbert H. Hood Memorial Fund	500.00
H. P. Hood Inc. for Annual Appeal	500.00
Mr. Melvin J. Hootstein for Annual Appeal	200.00
Mr. Robert L. Horowitz for Annual Appeal	164.00
Mr. and Mrs. Philip Horwitz for Annual Appeal	100.00
Mr. Henry S. Howe for Annual Appeal	100.00
Minnie Hecht Hyneman Trust for Minnie Hecht Hyneman Fund	217.00
Mr. Phillip R. Jackson for Annual Appeal	3,000.00
Dr. Burton Jaffe for Annual Appeal	100.00
Mr. and Mrs. Louis Jaffe for Annual Appeal	306.00
Mrs. Lena N. Kagno for Annual Appeal	100.00
Mr. and Mrs. Bela Kalman for Annual Appeal	1,000.00



Ms. Marjorie Kaner for Hematology Fund	100.00	Mr. Charles Porder for Annual Appeal	100.00	Mr. Herman Vershbow	
Mr. George Kaplan for Annual Appeal	100.00	Mr. Newton Press for Annual Appeal	100.00	for Jennie and Herman Vershbow Fund	250.00
Mr. Leonard Kaplan		Mr. and Mrs. Daniel E. Price		Mr. and Mrs. Sumner Victor and Family	
for Hon. Jacob J. Kaplan Fund	100.00	for Evelyn K. and Daniel E. Price Fund	7,800.00	for Dorothy and Benjamin Finn Fund	200.00
Mr. Seymour L. Kaplan		Daniel E. and Evelyn K. Price Charitable Foundation		Miss Barbara Wallace for Special Fund	783.00
for Mark Kaplan Fund	2,234.00	for Evelyn K. and Daniel E. Price Fund	169,851.00	Mr. David M. Watchmaker for Annual Appeal	100.00
Mr. Sidney Kaplan for Annual Appeal	100.00	Mrs. Hannah Quint, Aronson Foundation		Frederick E. Weber Charities for Annual Appeal	500.00
Mr. Thomas Kaplan for Annual Appeal	100.00	for Henry and Bertha Aronson Fund	500.00	Mr. Louis S. Weinberg	
Mr. George J. Katz for Annual Appeal	100.00	Mr. Irving W. Rabb for Irving W. Rabb Fund	100.00	for Irene and Louis S. Weinberg Fund	750.00
Kenai Drilling Ltd. for Campanelli Family Fund	100.00	Mr. Norman S. Rabb for Annual Appeal	100.00	Mr. Mervin Weinberg for Annual Appeal	100.00
Mrs. Natalie G. Klebenov for Special Fund	150.00	Dr. William Rachlin for Annual Appeal	100.00	Bequest under will of Joseph Weinrebe for addition	
Dr. David Kopans for Obstetrician-in-Chief Fund	200.00	Mr. Sidney J. Reed for Annual Appeal	100.00	to Dr. Joseph and Blume Weinrebe Fund	1,500.00
Hon. and Mrs. Frank Kopelman		Mr. Harry Remis for Annual Appeal	100.00	Mr. Milton Weinstein for Mark Kaplan Fund	1,000.00
for Judge Frank and Ruth Kopelman Fund	1,000.00	Mr. H. A. Rey for Annual Appeal	200.00	Dr. and Mrs. David Weintraub	
Mr. Jack Koplów for Annual Appeal	100.00	Mr. Edward Reynolds for Annual Appeal	250.00	for Dr. David and Rhoda Weintraub	
Dr. Clinton Koufman for Annual Appeal	100.00	Mr. Joseph G. Riesman for Annual Appeal	200.00	and Family Fund	100.00
Dr. Samuel Kowal for Annual Appeal	100.00	Mr. and Mrs. Simon Rosen		Mr. Joseph G. Weisberg for Annual Appeal	100.00
Mrs. Sophie Krolkowski for Medical Care Fund	100.00	for Simon and Dora Rosen Fund	160.00	Mr. Harvey Wey for Annual Appeal	100.00
Professor Charles Kuhn for Annual Appeal	100.00	William J. and Tina Rosenberg Foundation		Dr. George White for Dr. George M. Pike Fund	100.00
Mr. and Mrs. Emanuel Kurland		for Special Fund	5,000.00	Mrs. Nehemiah H. Whitman for Special Fund	100.00
for Annual Appeal	100.00	Dr. Chester Rosoff for Annual Appeal	100.00	Percy Wilson Mortgage and Finance	
Angelo Labbin & Sons, Inc.		Mr. Alan Rottenberg for Annual Appeal	100.00	for Campanelli Family Fund	100.00
for Campanelli Family Fund	100.00	Rowe Furniture Company for Special Fund	250.00	Mrs. Kerna Wolff for Annual Appeal	200.00
Mr. Roger Landay for Annual Appeal	250.00	Rowland Foundation for Biomedical Equipment	14,839.00	Mrs. Selma Wolff,	
Mr. Bernard L. Landers for Annual Appeal	300.00	Mr. Howard Rubin for Annual Appeal	100.00	Abraham and Rachel Gutterman Foundation	232.00
Mrs. Albert Lappin for Albert Lappin Fund	500.00	Mr. Stanley Sabulis for Special Fund	100.00	Mrs. Joseph Wolfson	
Lappin Family for Albert Lappin Fund	500.00	Hanns Sachs Trust for Audio-Visual Fund	2,500.00	in honor of Dr. George Kurland	1,340.00
Mr. William Lebowich for Cancer Research Fund	100.00	Dr. Irving Saffran for Annual Appeal	100.00	Mr. Justin Wyner for the Sara G. Wyner Fund	100.00
for Annual Appeal	100.00	Mr. and Mrs. Bradford Saivetz		Dr. Henry Yager for the Annual Appeal	100.00
Mrs. Morris K. Leventhal for Annual Appeal	150.00	for Campanelli Family Fund	200.00	Dr. Harris Yett for the Annual Appeal	250.00
Robert and Eleanor Leventhal Charitable Fund		Mr. Louis Saks for Annual Appeal	100.00	Mr. Abraham Zaleznik for Annual Appeal	100.00
for the Robert and Eleanor Leventhal Fund	1,000.00	Mr. Thomas Sampson for Annual Appeal	125.00	Mrs. Geraldine Zetzel	
Mr. Harry Levine for Annual Appeal	100.00	Mrs. Toby Armour Schneider for Annual Appeal	100.00	for Arthur Kohlenberg Fund	300.00
Dr. Arthur J. Linenthal for Annual Appeal	250.00	Mr. Joseph Schwartz for Annual Appeal	200.00	Mr. Mortimer B. Zuckerman for Annual Appeal	400.00
Doris and Melvin Litvin for Jacob J. Litvin Fund	100.00	Mr. Louis Schwartz for Annual Appeal	100.00	Mr. Morris Zussman for Annual Appeal	100.00
Ms. Miriam J. Lockwood for Special Fund	100.00	for General Fund	100.00		
Mrs. Maurice Mades for Annual Appeal	100.00	Mr. Louis Schwartz, Schwartz Family Foundation	100.00		
B. L. Makepeace, Inc. for Annual Appeal	200.00	Ms. Cecile Cabitt Segal for Hemodialysis Unit	100.00		
Mr. S. Lang Makrauer for Annual Appeal	468.00	Mrs. Elizabeth Segal for Annual Appeal	100.00		
Mr. Mitchell J. Marcus for Annual Appeal	150.00	Mr. Herbert A. Seltzer			
Mr. Leon Margolis for Special Fund	100.00	for James Thurman Hanflig Fund	100.00		
Mr. Samuel Markell for Annual Appeal	100.00	Mr. James M. Sexauer for Annual Appeal	250.00		
Mr. and Mrs. Albert Markson		Mr. and Mrs. Julius Shack for Annual Appeal	100.00		
for Mark Kaplan Fund	1,154.00	Mr. and Mrs. Murray Shaer for Hematology Fund	100.00		
Mr. Henry Mason for Annual Appeal	100.00	Ms. Paula R. Shaer for Hematology Fund	100.00		
Dr. Paul Massik for Annual Appeal	100.00	Ernest and Theresa D. Shalek for BIAC	228.00		
Mrs. Josephine Massell		David and Carol Shander			
for Dr. Benedict F. Massell Fund	100.00	for the Louis I. and Marion Fishman Fund	100.00		
Dr. J. Jay Matloff for Annual Appeal	100.00	Mr. Irving Shapiro for Annual Appeal	200.00		
Mr. Robert McCabe for Annual Appeal	500.00	Mr. Norton L. Sherman for Annual Appeal	250.00		
Mr. E. J. McCarthy for Annual Appeal	100.00	Mr. Louis R. Shindler for Annual Appeal	100.00		
Mr. John J. McCarthy for Annual Appeal	100.00	Mr. Bernard Shohet for Annual Appeal	100.00		
Dr. Jacob Meyer for Annual Appeal	100.00	Dr. Melvin Shoul for General Fund	100.00		
Mr. George Michelson for Annual Appeal	100.00	Jacob W. and Ida B. Shoul Foundation			
Mohawk Construction		for General Fund	100.00		
for Campanelli Family Fund	100.00	Dr. Nathan Sidel for Annual Appeal	100.00		
Mr. Leonard Mordecai		Jesse and George Siegel Foundation Inc.			
for Leonard Mordecai Fund	300.00	for Dr. Edward Friedman's Research	8,000.00		
Mr. Otto Morningstar for Annual Appeal	100.00	Mr. Maurice J. Simon for Annual Appeal	100.00		
Alfred L. Morse and Annette S. Morse		Mr. S. Richard Singal for Annual Appeal	100.00		
for Alfred L. and Annette S. Morse Fund	100.00	Mr. Paul D. Slater for Annual Appeal	200.00		
Morse Shoe Foundation		Mr. Samuel L. Slosberg for Annual Appeal	100.00		
for Alfred L. and Annette S. Morse		Mr. and Mrs. Herman Snyder			
Medical Intensive Care Unit Fund	10,000.00	for Herman and Bernice K. Snyder Fund	1,000.00		
Alfred L. and Annette S. Morse Foundation for		Mr. Lester G. Sobin for Medical Care Fund	1,000.00		
Medical Intensive Care Unit Modernization	10,000.00	Mr. and Mrs. Harvey Solar			
Mr. Richard P. Morse for Annual Appeal	100.00	for Bernice and Herman Snyder Fund	100.00		
Mr. Joseph Mulhern for Medical Care Studies	500.00	Ms. Harriet A. Somer for Carl J. Kaffenburgh —			
Ancel, Glink, Diamond & Murphy		May K. Sondheim Fund	100.00		
for Campanelli Family Fund	100.00	Mr. Lee Spelke for Annual Appeal	100.00		
Mr. Max Mydans for Annual Appeal	100.00	Mr. Melvin Starensier for Annual Appeal	100.00		
Mr. Israel Neiman for Annual Appeal	200.00	Mr. Harry Starr for Annual Appeal	100.00		
New England Produce Center for Special Fund	100.00	Stavis Ambulance Service, Inc. for Annual Appeal	100.00		
Mr. Barney Newman for Annual Appeal	300.00	Mr. S. Robert Stone			
Mr. Leon J. Newton for Annual Appeal	100.00	for Gussie G. and H. Joseph Stone Fund	100.00		
Mr. Phillip J. Nixon for Annual Appeal	100.00	for David Watchmaker Fund	100.00		
Mr. Herman Nick for Annual Appeal	200.00	Mr. Sidney Stoneman for Annual Appeal	200.00		
Deborah Munroe Noonan Memorial Fund		Mr. R. W. Striar for Annual Appeal	100.00		
u/w Frank M. Noonan for Hemodialysis Unit	14,000.00	Dr. Marshall Strome for Annual Appeal	200.00		
Nulman Foundation for Annual Appeal	200.00	Mr. and Mrs. Benjamin Strouse			
Olin American Inc. for Campanelli Family Fund	100.00	for Jean S. and Frederic A. Sharf Fund	250.00		
Mrs. Harry Olins		Jeremiah and Faye Sundell			
for Harriet and Matthew Porosky Fund	300.00	for Campanelli Family Fund	100.00		
Mr. Bertram R. Paley for Annual Appeal	250.00	Mr. Lawrence L. Suttenberg for Annual Appeal	250.00		
Mr. Barnett Palley for Annual Appeal	100.00	Mr. Isaac Tarmy for Annual Appeal	100.00		
Dr. Sven Paulin for Annual Appeal	100.00	Mr. Joseph Tassel for Annual Appeal	100.00		
Mr. Graham Penney for Annual Appeal	100.00	Mr. Matthew Tattelbaum for Annual Appeal	100.00		
Mr. Joseph Persky, Joseph Persky Foundation	500.00	Mr. Albert Tierney for Annual Appeal	100.00		
Harold Whitworth Pierce Charitable Foundation		Mr. Alan Tobin and friends			
for Hemodialysis Unit	10,000.00	for Campanelli Family Fund	100.00		
Dr. George M. Pike		Mr. Edward Touloukian for Annual Appeal	100.00		
for Dr. George and Helen S. White Fund	200.00	Mr. James H. Tuvin for Campanelli Family Fund	100.00		
for Dr. Louis Hermanson Fund	100.00	Mr. Peter Ulin for Annual Appeal	250.00		
Mrs. Abraham E. Pinanski for Annual Appeal	100.00	Mr. and Mrs. Harold Ullian in honor of			
Mr. and Mrs. Matthew Pokroisky		Mrs. Nehemiah Whitman's birthday	100.00		
for the Hemodialysis Unit	1,000.00	for the Elizabeth and Max Feldberg Fund	100.00		
Mr. David R. Pokross for Annual Appeal	100.00	Valor Industries for Mark Kaplan Fund	500.00		

ENDOWMENT FUNDS

September 29, 1973

Philip Abuza Fund (established by Miss Sophie Tucker in memory of her brother, Philip Abuza) \$	1,754.74	Abraham S. and Gertrude Burg Fund	7,610.01	Clara and Joseph F. Ford, Mae and Benjamin H. Swig Fund	20,948.98
Agoos Family Charity Fund for Research	5,468.87	*Mildred Burg Fund, bequest u/w	1,000.00	The Ford Foundation Grant	276,465.62
Florence M. Agoos Memorial Fund		Morris Burg, bequest u/w	1,159.07	Joseph C. Foster Fund	746.84
bequest u/w Solomon Agoos	22,901.96	Ruth C. Burofsky Fund	4,684.22	Jerome J. and Martha M. Franck Fund	5,803.63
Florence and Solomon Agoos Fund	34,923.25	Harry E. Burroughs, bequest u/w	1,501.17	Irving and Betty R. Frank Fund	3,094.53
Lassor and Fanny Agoos Fund (established by Mr. and Mrs. Casper M. Grosberg)	14,088.83	Abraham Burtman Fund	5,812.86	*Dr. Gustave and Dorothy Fred Fund	1,017.00
Isaac and Annie Alberts Memorial Fund (established by Joseph Kaplan)	8,526.57	Harry Butter Family Trust Fund	2,337.50	Samuel Freedman Fund	7,045.58
Samuel and Fanny Albertson Fund	7,105.63	Dr. Victor and Rebecca Bychower Fund	14,486.97	Frances and Leo Freedman Fund	1,213.50
Ruth L. Alexander (estate of)	1,093.60	†Campanelli Family Fund	5,562.00	Dr. Louis M. Freedman Research Fund	5,539.53
Morse J. and Elizabeth D. Alland Fund	1,000.00	Florence W. Cantor Fund	8,997.50	Esther and Samuel Freeman Research Fund	1,576.98
Pauline Amgott Fund (established by Fay Rotenberg)	2,852.95	Rhoda and Leonard Caplan Fund	3,094.77	George Baldwin French Fund	7,037.39
Joseph and May Andelman Fund	20,000.00	Esther B. Casson (estate of)	3,352.99	Israel Friedlander, bequest u/art. 3 of will	11,898.66
Jacob I. Andrews Fund	506.22	Angelo Cataldi Fund	7,257.77	Solomon and Rachel Friedlander Memorial Fund (established by Mr. and Mrs. Israel Friedlander)	1,428.32
Ansin-Levin Memorial Fund	21,736.64	Edward M. Chase Fund (Legacy)	982.75	Lee M. Friedman, bequest u/w	1,156.30
Beatrice and Edward Ansin Fund (established in their memory by Eleanor Ansin Green)	6,983.91	Abraham and Anna Cheren Fund	10,556.09	Sophie M. Friedman, bequest u/w	5,906.91
Lena Ansin Memorial Fund (established by David, Harold and Herbert G. Ansin)	1,419.09	Max and Harriet Chernis Fund	1,451.37	Louis Gardner Fund	2,512.69
Lila and Jacob Ansin Fund	7,313.10	Elizabeth F. and Samuel Cline Fund	4,146.63	Edward L. Geary, bequest u/w	1,158.15
James R. Archibald, bequest u/w	3,497.49	Leah B. and Harry Cline Fund	6,125.45	Fay and Herman Geist Fund	3,549.13
Dr. Louis Arkin Memorial Fund (established by Mr. and Mrs. James D. Glunts)	1,419.09	Edward E. and Jessie Cohen Fund	8,943.35	Rebecca Gelpe Fund	593.82
Hyman Aronovitz Memorial Fund (established by Benjamin H. and Mae Swig)	1,375.76	Eli A. and Bessie Cohen Research Fund		General Fund A	127,127.84
Henry I. and Bertha A. Aronson Fund	8,758.70	Frank and Edith Cohen — Paul and Helen Cohen — Nathan and Anne Cohen — Israel and Sonia Cohen Fund	36,445.63	General Fund B	1,165.53
Bertha A. Aronson, bequest u/w	1,699.64	Helen and A. Paul Cohen Endowment Fund	6,379.03	General Fund C	777.32
Dora S. Aronson, bequest u/w	4,195.33	Herman B. and Jack O. Cohen Fund (in memory of Anna K. Cohen)	3,503.02	General Unrestricted Funds	19,931.27
Lilly F. Asher, bequest u/w	1,158.15	Mark I. and Rachel Lena Cohen Memorial Fund	1,158.15	Charles E. Gennert Fund	1,165.00
Max and Dora Axelrod Fund (established by James J. Axelrod)	6,276.67	Max R. Cohen, bequest u/w	2,000.00	Harry Gerber, bequest u/w	1,176.59
Sara M. and S. Mitchell Axelrod Fund	3,100.00	Myer and Sarah Cohen Fund (established by Henry G. and Edward Cohen)	2,893.52	Charles H. Gessner Memorial Fund	46,425.89
Charlotte L. and Abraham D. Babbitt Fund	1,873.91	Naomi Lourie Cohen Fund (established by Mr. and Mrs. Frank B. Gordon)	2,833.59	Bernard and Goldie Gilbert Fund	3,680.47
Doris S. Bachrach, bequest u/w	1,162.76	Neche Lena Cohen Memorial Fund	3,726.63	Dr. Maurice A. and Anna W. Gilbert Fund	1,000.00
Delia S. Baer, bequest u/w	1,751.97	Augusta Klous Cohn Fund	7,530.51	Herman and Anne Gilman Fund	5,326.92
David and Theresa Banash Memorial Fund	1,135.00	Samuel J. and Clara Coleman Fund	2,839.12	Annie Ginsberg, bequest u/w	5,100.00
Benjamin M. Banks Research Fund	2,895.47	Marie Colmes Nursing Fund	1,340.72	Israel and Katie Ginsberg — Norton F. and Etta Ginsberg Fund	14,557.96
Doretta L. Barnett Fund	3,000.00	George and Fannie Constantine Fund	4,291.41	Mr. and Mrs. Harris Ginsberg Trust Fund	14,300.70
Solomon J. Barnett Fund	1,000.00	Frances G. Cooper, bequest u/w	581.84	Frances M. Ginsburg Fund	2,100.00
†Samuel L. and Frances Bassin Fund	1,005.00	Harry D. and Sarah Cooper Fund	3,134.64	Louis I. and Helen Glen Fund	3,532.52
*Leona R. and Alexander Beal Fund	1,040.00	Bessie Corman Foundation (established by Joseph Corman)	4,131.88	James D. and Sara Glunts Fund	2,560.00
Louis I. and Jennie Beckwith Fund	14,889.02	Jacob Crawford (Estate of)	1,090.83	Jacob and Beatrice Goldberg Fund	7,236.76
Fannie Beecher Endowment Fund	1,030.50	Isaac and Annie Cubilewich (Cubell) Memorial Fund	1,275.25	Morris M. Goldberg, bequest u/w	5,811.94
Ella Bendetson Fund	1,162.76	Benjamin and Rebecca Cushing Fund	1,419.09	Samuel U. and Gertrude K. Goldberg Fund	1,419.09
Mr. Harry S. Benjamin Fund	17,700.00	†William and Sara F. Dagilas Fund	20,000.00	The Sarah Goldberg Fund (for Medical Research)	13,559.34
Evelyn and Theodore W. Berenson Fund	17,448.01	Herman Dana Fund	12,155.91	Jean Sholkin Golden Endowment Funds (for Surgical and Medical Research) in memory of her parents,	6,665.79
E. Louise and Steven R. Berke Fund	1,201.12	Lester Harold and Irene Hambro Dana Fund	5,577.00	Isaac and Sarah Sholkin	
Dora Berkowitz, bequest u/w	1,159.07	Myer and Etta Dana Fund (established by Herman and Lester Harold Dana)	25,966.27	Louis R. and Carrie Golden Fund	7,870.05
Hyman C. Berkowitz Fund	65,197.33	David H. Dane and Mollie Dane Trust Fund bequest u/w David H. Dane	4,898.14	Frank and Clara Goldfarb Fund	581.84
Joseph D. Berkowitz Fund (established by Louis I. and Albert Beckwith)	2,902.74	Miriam and Bertram Dane Fund	1,500.76	Julia M. and Albert K. Goldman Fund	22,843.12
Minna Kroll Berkowitz Fund	14,481.75	Sarah R. and Julius Dangel Fund	5,903.22	Anna Tarlin Goldman Fund	3,000.00
Abram J. Berkowitz Fund	759,490.98	Abraham N. Dasheff, bequest u/w	1,157.22	Charles and Frances G. Goldman Fund	7,970.65
Dr. David D. Berlin Fund	2,055.12	Max and Mildred Davis Fund	7,452.33	Frances M. Goldman Fund	1,000.00
Louis Berlin Endowment Fund (established by Berco Shoe, Inc.)	1,393.27	Louis and May Davlin Fund	1,280.78	Israel and Annie Goldman Fund	1,431.09
Dr. Saul Berman Fund	1,094.52	Deed Club Endowment Fund	7,365.00	Jessie Goldsmith Cancer Research Fund	4,335.67
Theresa D. Berman (estate of)	2,494.25	Dr. Harry A. Derow Fund	3,711.50	Mr. and Mrs. Joseph Goldstein Fund	59.93
Selma C. and Max E. Bernkopf Fund	2,628.35	Jacob H. and Jennie Deutschmann Fund	16,456.55	Ruth S. and Sidney B. Goldstein Fund	1,203.00
E. Bernstein Memorial Fund	3,119.69	Mildred K. Dewitt Fund (Legacy)	6,886.17	Hyman and Jeanette Marcus Gondelman Fund	5,810.09
Frank Bernstein Fund (established by Fannie Bernstein)	7,347.22	William H. and Anna M. Doty Fund (established by William H. Doty)	1,429.24	Abraham Goodman Fund	5,000.00
Morris Bernstein Fund	2,500.00	†John and Rose Druker Fund	10,000.00	Abraham L. Gordon Fund	1,197.79
Beth Israel Hospital Nurses' Alumnae Association	34,950.20	Rose and John Druker Fund for Research in Neurology	12,391.63	Mr. and Mrs. Abraham L. Gordon Room Fund	15,055.89
Beth Israel Hospital Urological Research Endowment Fund (in honor of George C. Prather, M.D., established by Joseph Ford)	2,675.91	Henry L. Dubin Fund	5,811.94	Albert I. and Esther Falkson Gordon Fund	21,209.00
Adolph A. Bezosi, bequest u/w	317.20	Evelyn Bloom Duchin Memorial Fund	1,551.87	Barnett D. and Ruth Gordon Fund	7,107.47
Frank B. Binswanger Fund	1,419.09	Helen Yamins Easton Fund	1,015.00	Ellis and Rose D. Gordon Fund (established by Simeon and William Gordon)	4,225.45
Max B. Bloom, bequest u/w	14,298.86	Ida and Mark A. Edison Fund	7,346.29	Gordon Family Fund (established by Mr. and Mrs. Morris E., Mr. and Mrs. Samuel W., and Mr. and Mrs. Jack Gordon)	5,740.93
William Bloom Fund	2,839.12	Ben and Mary Elfman Fund	7,105.63	Dr. George K. Gordon Memorial Fund	1,158.15
William and Miriam Shoninger Bloom Fund	1,451.37	Elm Hill Workers Endowment Fund	8,388.02	Sadye Z. and Jacob S. Gordon Fund	14,208.49
Mabel E. Tilton Bond Fund	18,114.16	A. Silver Emerson Fund	3,657.01	Samuel and Celia Gordon Fund	5,654.26
Morris and Ida Borkum Fund	7,105.63	Enterprise Stores, Inc. Fund (in memory of Louis Beckerman and Samuel Glass)	2,838.20	Gen. Bernard L. and Frieda Gorfinkle Research Fund	12,951.12
The Boston Foundation	10,474.95	Minnie D. and Abbott J. Epstein Fund	3,131.67	Harry N. and Estelle Gorin Endowment Fund	2,887.98
Morris and Bessie Braff Trust Fund	3,430.18	Leon R. Eyles, bequest u/w	16,440.87	Helaine F. Gorin Endowment Fund	2,500.00
Harry B. and Bessie Braude Fund	5,811.01	F. & H. Fund	2,688.81	Nehemiah and Rebecca Gorin Fund	35,208.49
Abraham Bravman Fund	46,315.67	Moses Factor, bequest u/w	1,181.20	Mr. and Mrs. John Gorfors Fund	4,662.09
Otto and Mynette Bresky Fund	9,952.12	Morris Falk Research Fund (established by the Morris Falk Foundation)	13,082.13	Gossman-Mainster Foundation (established by trust u/w Edith M. Sieve)	6,173.40
Ethel Bresloff Estate Fund	1,639.89	Benjamin M. Feinberg (Estate of)	588.30	Saydie and Albert Grandberg Fund	2,112.62
Nathan and Eva Brezner Fund	8,828.39	Charlotte and Max L. Feinberg Fund	7,176.98	Dorothy and Sydney R. Green Heart Research Fund	39,423.18
Ellenore Theresa Brown Fund	1,431.09	Eva and Eli Feinberg Fund	2,904.59	The Hyman Green Memorial Fund	1,137.50
*Nathan and Beatrice Buchman Fund	1,000.00	Samuel and Etta Feinberg Fund	29,275.17	Sarah Green Fund (in memory of Fred Green)	715.54
Alexander Budnitz Fund	2,327.35	William A. and Annie Feinberg Fund	15,098.31	Amelia Greenbaum Fund	85,308.12
Dr. Robert Buka, Jr. Memorial Fund (established by friends)	5,529.21	William A. and Annie Feinberg Fund for Research	8,912.01	*Edith and David H. Greenberg Fund	1,410.98
Abraham and Fanny Burack Fund	1,000.00	Lincoln and Therese Filene Fund	12,130.89	Isaac Greenberg Fund	17,044.84
		Lincoln Filene Memorial Fund	2,160.46	Edward Greenfield Endowment Fund	5,568.10
		Joseph Finberg Fund	83,721.46	*Evelyn P. Greenspan (estate of)	1,000.00
		Joseph Finberg Fund, bequest u/w	3,184,261.92	*Morris Greenspan Fund	1,000.00
		Dr. Jacob Fine Fund	1,025.00	Nicholas and Vito Grieco and Lawrence Singer Endowment Fund	4,262.83
		Dorothy and Benjamin Finn Fund	9,038.00	Lassor H. Grosberg Fund	1,475.76
		Joseph Fisher Fund	1,158.15	Oscar and Celia Grosberg Fund (established by Mr. and Mrs. Casper M. Grosberg)	15,494.80
		Louis I. and Marion Fishman Fund	25,781.89		
		*Anne and Albert Fleisher Fund	2,000.00		

*New fund established in year ending September 29, 1973

†New fund established in year ending September 28, 1974

Sarah A. and Casper M. Grosberg Fund	12,370.23
Bernard D. and Grace S. Grossman Fund	4,115.00
Julius Grossman Research Fund	5,608.36
Florence L. and Mortimer C. Gryzmish Fund	22,381.76
Ethel G. and Reuben B. Gryzmish Fund	7,831.31
Julia Gryzmish Fund	1,313.98
Mortimer Gryzmish Fund	1,012.50
Rose B. Gryzmish, bequest u/w	2,390.06
Rose and Allan J. Gummer Fund, bequest u/w Allan J. Gummer	2,500.00
Harry N. and Henrietta C. Guterman Fund	10,000.00
Emma D. and Sidney S. Gutlon Fund	7,517.80
Howard S. and Esther H. Gutlon Fund	1,419.09
Helen G. and Sidney Guttentag Endowment Fund	6,840.62
Alfred E. Haines Fund	14,264.73
Louis M. Halon Memorial Fund for Research in Coronary Heart Disease	14,003.78
Joseph Halper Memorial Fund (established by Henry Halper)	581.84
Joseph M. Hamilburg Fund	32,477.34
Maurice and Fannie Hanauer Memorial Fund (established by Fannie F. Hanauer)	2,315.84
James Thurman Hanflig Memorial Fund (established by Dr. and Mrs. Samuel S. Hanflig)	11,186.09
Harodite Finishing Company	11,635.86
Albert Harrison Endowment Fund, bequest u/w	588.30
Summit L. Hecht Fund	17,050.37
Sarah G. and Louis E. Hellman Fund	1,419.09
Simon J. and Lena Cohen Helman Fund	9,015.47
Hennie A. Herman, bequest u/w	1,158.15
Dr. Louis Hermanson Fund	2,814.09
Mr. and Mrs. Hyman Moses Hillson Memorial Fund	5,957.73
Joseph Himmel Fund	42,466.55
*Dr. Daniel H. Hindman Memorial Fund (established by the estate of Hyman Hindman)	5,000.00
Samuel Hirschberg Trust u/w	3,858.90
Abraham Hirschberg, bequest u/w	1,752.89
Kent Hobart Fund for Research in Bacterial Diseases	5,000.00
Sophie G. Hoffman Fund	300.00
Bernard J. Holmberg Fund	2,637.50
*Cora and Harry Holtz Fund	11,536.85
Mark M. and Clara G. Horblit Fund	8,406.70
A. R. Hyde Memorial Fund (established by Helen R. Barkin, Lila H. Ansin, Ralph A. Hyde and Allan Hyde)	1,158.15
Minnie Hecht Hyneman Fund	3,021.23
Abraham and Bella Isenberg Fund (established by Mr. and Mrs. C. Louis Isenberg)	6,986.68
Louis Isenberg Fund	5,000.00
Louis and Alice Isenberg Fund	5,931.81
Sarah and Isidore Israel Endowment Fund	2,666.68
Mr. and Mrs. Joseph B. Jacobs Fund	1,551.87
Frieda Jaffe Endowment Fund	1,372.99
The Carl J. Kaffenburgh and May Kaffenburgh Sondheim Fund (established by Mrs. Carl J. Kaffenburgh)	6,263.59
Edythe M. and Milton Kahn Fund	1,614.90
Julius Kalman, bequest u/w	1,199.64
Celia and Benjamin J. Kaplan Fund (established by Kaplan Family Charity Trust)	21,345.47
Isaac Kaplan Fund, bequest u/w	2,500.00
Honorable Jacob J. Kaplan Memorial Fund	3,476.70
Joseph Kaplan Fund	11,323.27
Emily R. and Kivie Kaplan Fund (in memory of Ida and Simon Rogers)	4,441.71
Mark Kaplan Memorial Fund for Research in Oncology	17,594.41
Jennie and Morris Kaplan Fund	7,008.81
Samuel Kaplan Fund	5,000.00
Dr. Meier Karp Memorial Fund	1,263.61
Rebecca Kananof Fund	234.21
Cynthia Bernice Katz Endowment Fund for Cardiac Research	1,856.47
Jeanette and Samuel J. Katz Fund	9,757.56
Arthur D. and Estella B. Katzenberg Fund	4,279.04
Mitchell B. Kaufman Fund (established by Albert H. Wechsler)	12,784.78
Myer Kaufman, bequest u/w	1,181.20
Samuel and Zipora Kingsdale Fund	1,951.59
Kirstein Surgical Teaching and Research Fund	187,100.72
Myer and Ida Kirstein Fund	7,107.47
Rose Stein Kirstein Library Fund (established by Kirstein Foundation)	6,484.73
Leo Kline Fund	999.00
Henry Klous Fund	246,460.79
Esther and Samuel H. Knopf Endowment Fund	1,602.59

*Calman Koenig Memorial Fund	1,000.00
Arthur Kohlenberg Memorial Fund for Research in Hodgkins and related diseases	3,449.00
Hyman and Ida Dora Kohn Fund	3,775.03
Judge Frank and Ruth L. Kopelman Fund	11,096.93
George Kopelman Memorial Fund	1,000.00
Israel I. and Lilly Kotzen Fund	2,747.83
*Esther Kripke Fund	1,000.00
The Davis Krokyn Charitable Fund	2,732.83
Carol and Hans J. Kroto Fund	6,880.17
Mr. and Mrs. Barnett Nathan Kuposky Fund (established by Mrs. Barnett Nathan Kuposky)	4,459.11
Samuel Kurland Fund	4,000.00
Nathan H. Labovitz, bequest u/w	580.92
Emelda Q. Lacroix Fund	7,028.32
Harry Lampert Fund	1,000.00
Simeon Landau Fund	3,729.31
Albert Lappin Fund	5,659.01
Max P. and Bernice A. Lash Fund	1,419.09
Morton L. (Sonny) Lavine Memorial Fund	1,490.10
Harriet F. Lee Fund for Research	4,744.80
Frank and Celia Leeder — Harry N. and Estelle Gorin Fund	3,578.63
Max Leibson Fund	1,158.15
Dr. Mark Falcon Lesses Fund	4,277.09
Sigmund Leve Estate, bequest u/w	635,995.70
Dr. Walter Levenson Endowment Fund (established by friends)	4,662.75
The Audrey Glunts Leventhal Memorial Fund (established by Mr. and Mrs. James D. Glunts)	3,293.03
Robert and Eleanor M. Leventhal Fund	7,471.35
Copal and Charlotte Levin Fund	1,419.09
I. M. and Gertrude Levin Fund (in memory of Clarence Levin, Sadie L. Levin, Adelaide and Theodore Wasserman)	7,336.16
Kate Levin, bequest u/w	1,753.81
Nathan Levin, bequest u/w	1,157.22
Nathan Levin Fund (in memory of Fannie Levin)	5,160.01
Mr. and Mrs. Edward Levine Fund	1,158.15
Harry and Leona Levine — Louis and Rae Levine Fund	17,767.76
Louis and Anna Levine Fund	2,000.00
Samuel A. Levine House Officers Fund	5,000.00
Evelyn R. Levins Memorial Fund	1,296.04
Louis Levins Fund	2,337.50
Nathan N. Levins Endowment Fund	581.84
Jacob and Leah Levis Memorial Fund (established by Mr. and Mrs. Israel Friedlander)	1,428.32
Dr. Howard J. Lewenstein Fund	1,178.97
Harry and Hennie F. Liebmman Fund	2,837.28
Louis and Goldie Liemberg Fund	1,211.63
Joseph and Pearl Linchitz Fund	5,007.67
Anna Davidson Linenthal and Mark Linenthal Fund	21,716.03
Joseph M. Linsey Fund (in honor of his mother and father, Sarah and Abraham)	14,203.88
James A. and Rose Lippman Fund	14,365.29
Elias and Rachel Lipson Memorial Fund	2,904.59
Max Leo Lipson Fund (for free care)	1,539.17
Albert A. List Fund	14,203.88
Jacob J. Litvin Memorial Fund (established by Mr. and Mrs. Isidor Slotnik)	2,101.85
Ethel M. and Jack I. London Endowment Fund	3,289.55
Israel and Jennie Louis Fund	21,102.03
Nicholas R. and Zena Lourie Fund	3,100.07
Anna Wasserman Lowenberg Fund for cancer research (established by Wasserman Charitable Foundation)	6,380.99
*Sarah and Maurice Lowenberg Memorial Fund	4,000.00
Philip W. Lown Endowment Fund	2,506.24
Anna D. and Herbert J. Ludwig Fund (in memory of their beloved father, Benjamin H. Ludwig)	1,348.04
Edward R. Lunn Fund	12,875.00
Rose and David Lushan Fund	1,375.76
Harry I. Lyons Fund	3,219.64
Samuel M. and Rose Magid Fund	1,000.00
Harris Malchman, bequest u/w	7,452.33
Edward N. and Matilda Marcus Fund	17,949.41
Harry Marcus, bequest u/w	1,187.66
Miah and Sadye W. Marcus Fund	7,278.98
Benjamin Marks Fund	11,627.56
Eldar Markson Fund (established by Yoland D. and Robert T. Markson)	29,094.72
Y. D. Markson—Winter Street Property Fund	115,619.82
Mark Mason, bequest u/w	6,379.95
*Dr. Benedict F. Massell Fund	1,100.00
Laura S. McAuliffe, bequest u/w	4,066.41
Merrill Teaching Fund in Medicine	38,273.71
Lester Jacob Meyer Fund (established in his memory by his parents, Mr. and Mrs. Abraham I. Meyer)	2,162.30
Joseph Michelman Fund	15,513.24
Rose and William Milender Fund	728.84
Lena Miller Fund	1,000.00

Richard Bruce Miller Fund (established by Mr. and Mrs. Maurice Miller)	10,861.90
Samuel L. Miller Fund, bequest u/w	1,194.59
Miscellaneous Endowment Fund Donations	297.84
William J. and Sarah S. Mishel Fund	1,780.00
Dr. Charles G. Mixter Fund	2,799.11
Bessie Monosson Fund (established by Frederick, Isadore and David Monosson)	8,945.07
Leonard Mordecai Fund	1,562.34
Dr. Hyman Morrison Memorial Fund	1,883.70
Alfred L. and Annette S. Morse Fund	2,193.00
†Alfred L. and Annette S. Morse Medical Intensive Care Unit Fund	10,000.00
George Moses (Estate of)	5,802.71
Jacob Moshkowitz Fund	1,073.64
Wolf Moskowitz Fund, bequest u/w	581.84
Dr. S. Richard Muellner Urology Fund	1,514.00
Ben and Sadie Myers Fund	1,000.00
Bessie Myers Endowment Fund, bequest u/w	1,513.15
Harold A. and Mae N. Myers Fund	7,404.39
Samuel and Ida Narcus Fund	2,854.79
*Dorothy Welling Neafsey Fund	10,000.00
Augusta Nelson, bequest u/w	3,199.65
Newton Group, Inc.	1,199.64
Harry R. Nichols Fund	1,500.00
Jennie and Max Nigrosh Fund	5,113.44
Solomon and Annie H. Nisson Fund for Research (established by Mildred, Gertrude and Irving Nisson)	4,468.45
Mr. and Mrs. Willy Nordwind and Son Fund	3,455.07
Samuel Norwich, bequest u/w	294,931.16
Nursing Education Fund (established by BIH Nurses' Alumnae Association)	8,148.33
Obstetrical Staff Memorial Fund	2,718.39
Max and Lena R. Orlick Fund for Heart Research	2,095.31
Hannah L. and Joseph Palais Fund	17,159.94
Saul Palais Fund	5,846.97
Morris Palefsky, bequest u/w	1,093.60
Pathologist-in-Chief Fund	14,414.61
Patrons of Research Fund	146,522.55
Ruth G. Paul Fund	2,951.61
A. Caroline Payson Fund	3,002.32
Bessie and Max Pearlman Fund (established by Samuel, Benjamin, Robert and Saul Pearlman)	1,490.10
Pediatrician-in-Chief Fund	12,095.31
Sophie R. Penn, bequest u/w	1,176.59
Physician-in-Chief Fund, Beth Israel Hospital Association (established by James N. Rosenberg)	10,869.82
Dr. George M. Pike Fund	3,555.00
Abraham E. and Viola R. Pinanski Fund	1,301.59
Judge Abraham Pinanski Memorial Fund	10,762.11
Malva and Joseph Pollak Fund	1,419.09



*New fund established in year ending September 29, 1973

†New fund established in year ending September 28, 1974

Charles and Anna E. Porder Endowment Fund	2,000.00
Matthew and Harriet I. Porosky Fund	10,464.12
Evelyn K. and Daniel E. Price Fund	216,995.38
Louis N. Price, bequest u/w	1,181.20
Aaron Pritzker Fund, bequest u/w	133.70
Nettie and Benjamin M. Pritzker Memorial Fund (established by A. Pritzker and Sons)	1,493.79
*Irving W. Rabb Fund	3,245.00
Norman S. and Eleanor Rabb Endowment Fund	1,497.25
Sidney R. and Esther C. Rabb Fund	18,137.97
Jacob Rabinovitz Fund	33,631.07
Jacob and Ada Rabinovitz Fund	7,084.42
Joseph and Lottie Rabinovitz Fund	16,874.67
Yente Rabinovitz Memorial Fund	1,139.71
Herman Rakoff Fund, u/w	1,093.60
A. C. Ratshesky Foundation	580.92
Asher and Fannie Ratshesky Fund	25,000.00
Nyman Rayman, bequest u/w	1,199.64
Ann Putnam Reed Research Fund (established by Jacob Reed)	181,331.41
Henry Remis Endowment Fund (established by Remis Trust)	2,900.90
Hyman Resnick Fund	2,000.00
Mary Resnik Fund (established by Louis H. Resnik)	1,778.71
†John F. Ridge Memorial Fund	1,474.85
Joseph and Sadie Riesman Fund	1,455.00
Philip and Annie Riesman Fund (established by Joseph G. and Meyer Riesman)	5,719.15
Herman Rifkin Fund	1,000.00
Frances G. and Max Ritvo Fund	1,419.09
Samuel A. and Rose J. Robins Fund	20,339.88
Mr. and Mrs. Neil E. Rogan Fund	1,525.14
Joseph L. and Rebecca Rome Foundation Fund	31,281.34
Bertha C. and Edward Rose Fund	15,970.60
Carl Rosen Fund	1,431.09
Simon and Dora Rosen Fund	4,711.85
Samuel Rosenbaum Fund	7,746.48
Clara and Lester E. Rosenberg	5,000.00
*Mary (May) Rosenberg Fund	1,000.00
*Rita and Simon H. Rosenberg Fund	4,552.50
Harry Rosenfield Fund	1,005.00
Dr. Harold H. Rosenfield Fund for Research and Training in Obstetrics (gifts from friends)	48,161.36
Louis I. and Bessie Krinsky Rosenfield Fund	5,943.79
Col. and Mrs. Louis Rosenfield Heart Research Fund (in honor of Dr. Nathan Sidel)	7,818.61
Louis A. Rosenthal (Estate of)	1,752.89
Mabel R. Rosenthal Fund	1,100.75
Morris Rosenthal (Estate of)	2,900.90
Morris Rosenthal Fund for Research, Medical or Surgical, in Cardio-Vascular Disease	6,816.09
Paul P. and Sarah Ross Fund	946.98
Beatrice Rossman Fund	11,782.47

Jennie H. and Sigmund Rothschild Fund	1,349.01
Bernard J. Rothwell, bequest u/w	2,346.72
Mr. and Mrs. Lawrence J. Rubenstein Fund	1,419.09
Leah Rubenstein Family Fund (established by Philip, J. A. and Leon Rubenstein)	28,117.30
David and Rose Rubin Fund	1,158.15
Celia and Isaac Ruby, bequest u/w	473.03
Abraham G. Rudnick Fund	1,161.84
Mr. and Mrs. Harold A. Rudnick Fund	1,729.84
Sophie and Benjamin Rudnick Fund	6,962.70
Dr. Abraham Rudy Memorial Fund (established by Benjamin Cooper)	2,040.58
Benjamin and Bessie C. Sachs Fund	1,419.09
Barnett Saconovitch Fund	2,580.01
Dr. Harry Sagansky Fund	1,958.48
Morris D. Saidel Fund, bequest u/w	297.84
Mr. and Mrs. Samuel M. Salny Fund	1,452.29
*Mabel and Abram Salter Fund	1,063.00
Louis H. and Frances B. Salvage Fund	10,447.70
Abraham Sandler Memorial Fund	1,162.76
Herbert W. Savrann Fund	1,000.00
Gertrude B. Sawyer Fund	1,000.00
Melia Sawyer Fund	1,419.09
Frances R. and Myer Saxe Fund	7,107.47
Goldie and Samuel D. Saxe Fund	7,107.47
William and Gertrude Scheft Fund	1,000.00
Benjamin Schellenberg Fund	4,972.84
Monroe Schlesinger Fund (established by friends)	6,811.01
Mr. and Mrs. Marks Schneider Fund	609.51
William E. Schrafft, bequest u/w	95,861.44
The Esther M. Schwartz Memorial Fund (established by Mr. and Mrs. James D. Glunts)	1,419.09
Nathan and Ida Schwartz Fund	5,685.61
Minnie S. Seaver Fund	23,215.10
Dr. Paul Selby Memorial Fund	5,007.12
Mr. and Mrs. Mendell M. Selig — Mr. and Mrs. Samuel H. Wexler Fund	4,231.47
Mr. and Mrs. M. Morton Selig Fund (in honor of Dr. A. Stone Freedberg)	3,019.84
Samuel Shain Fund (established by Dr. Arthur I., Jack and Louis I. Shain)	2,846.49
Caroline Shapera Fund, bequest u/w	303,163.94
Albert A. Shapira Fund	1,251.58
Aaron Shapiro Fund	1,000.00
Abraham and Sadie Shapiro Fund	14,206.65
Shapiro Brothers Factors Fund (in memory of David Ansin)	1,157.22
Esther and Morris Shapiro Fund	12,071.09
Frank S. and Eva A. — James and Edith Shapiro	15,516.88
Gertrude S. and Irving R. Shapiro Fund	2,148.00
Maxwell Shapiro Fund	7,107.47
The Morris S. and Esther L. Shapiro Memorial Fund, bequest u/w	58,500.18
Pauline and Alexander Shapiro Fund	3,488.26
Samuel Shapiro Fund	996.38
Jean S. and Frederic A. Sharf Fund	2,065.00
S. Arthur Shaw Fund	61,032.24
Beatrice B. and George Sherman Fund	9,968.72
Frank Shevack (Estate of)	2,584.62
The Samuel and Bessie Shir Special Nursing Fund	8,825.52
Jennie and Bernard Shivek Fund	1,500.00
Rev. Joseph and Lizette Shoninger Fund, bequest u/w Miriam S. Bloom	2,846.49
Goldie S. and Abraham S. Shwartz Endowment Fund	1,181.20
Dr. Nathan Sidel Lectureship Fund	11,350.00
Dr. Nathan Sidel Fund for Teaching and Research in Clinical Medicine (established by Carl and Shirley Rosen, Leo and Gloria Rosen, Col. and Mrs. Louis I. Rosenfield and Children of Benjamin and Fannie Snider)	70,071.38
Edith D. Sieberg Fund	16,456.80
Mildred D. Simons Fund for Cancer Research	5,129.72
Pvt. Joseph Silverstein Memorial Fund (established by Herbert and Solomon Finkelstein)	2,113.43
Hyman B. Singer Foundation Fund	4,078.41
Alan, Samuel and Celia Skurnik Fund	5,314.93
John S. and Theresa A. Slater Fund	2,919.41
Isaac M. and Celia G. Slocum Fund	3,203.34
Jacob A. and Bessie Slosberg Fund	57,196.58
Joseph and Julia I. Slotnik Memorial Fund	14,942.47
Louis P. Smith Fund	4,140.00
Samuel Smith Fund	1,526.05
Abraham Snider Fund	10,000.00
Ellis L. and Esther R. Snider Fund	10,000.00
Herman Snider (Estate of)	1,000.00
Herman and Bernice K. Snyder Fund	8,103.00
Sarah and Israel Snyder Fund	1,634.00
Irving M. and Selma Sobin Fund	11,538.12
Social Service Director's Fund	24,239.26
Sarah Solar Fund, bequest u/w	1,000.00
Millicent K. and William Solomon Fund (established by Aaron N., Samuel L., and Albert N. Solomon, and Edith Solomon Margolis)	7,107.47

Frances and Benjamin Spinoza Fund	2,134.64
Edna G. Spitz, bequest u/w	6,003.73
Samuel Sriberg, bequest u/w	1,160.91
Mark Sterling Fund	8,074.86
Celia and Oscar Sterman Endowment Fund	25,865.95
Lucie Stern Endowment Fund	2,000.00
Henry G. and Jennie Stillman Fund (in memory of Pearl Gerber)	7,105.63
Alice W. and Joseph Stone Fund	2,193.66
Clara S. and S. Robert Stone Fund	50,889.64
Gussie G. and H. Joseph Stone Fund	3,497.18
Joseph Stone Memorial Fund	10,931.38
Mark M. Stone Fund	1,640.00
Clara R. and Isaac M. Strauss Endowment Fund	5,906.91
Randolph W. and Sadie Striar Fund	2,846.49
Gerald Sugarman Memorial Fund (established by Mr. and Mrs. Samuel, Mr. and Mrs. Joseph and Mr. and Mrs. Meyer Sugarman)	2,134.64
Ensign Leonard Stephen Sulkis Fund (established by Mr. and Mrs. Emmanuel H. Sulkis)	1,431.09
Fannie and Emmanuel H. Sulkis Endowment Fund	1,373.91
Joseph H. and Alice G. Sutherland Fund	4,185.37
Edward Swartz Endowment Fund	25,873.25
Gertrude W. and Edward M. Swartz Research Fund	18,130.00
Jacob and Melanie Swartz Fund	1,571.08
Morris Tarlin Fund	1,000.00
Mr. and Mrs. Samuel Tater Fund	1,844.18
Caroline Thalheimer Fund, bequest u/w	1,887.52
Therapy Conference Fund	12,799.14
Carlton W. Tillinghast, Jr. Fund	1,355.65
David M. and Ethel Tobin Fund	10,136.67
E. D. Trefethen Fund for Cancer Research	11,928.16
Benjamin A. and Julia M. Trustman Fund	1,125.00
Benjamin and Rebecca Ulin Fund	1,118.87
Harold and Anna Snider Ullian Fund	2,870.39
Jennie and Herman Vershbow Endowment Fund	3,903.20
Kate Van Vliet Fund, bequest u/w Ida M. and F. Frank Vorenberg	7,495.67
Endowment Fund	1,051.19
Matilda B. and Israel Wald Fund	1,090.83
Irving L. and Ida A. Wallens Fund	1,750.00
Rose K. and Samuel B. Walter Fund	7,107.47
Ethel and Jacob Wasserman Fund	7,518.41
David M. Watchmaker Fund	7,490.05
Sarah and Isaac Watchmaker Fund (established by David M. Watchmaker)	8,316.56
Albert and Pearl Wechsler Endowment Fund	5,075.00
Leo Weidhorn, bequest u/w	10,973.79
Miriam A. Weiler Fund	5,000.00
Irene and Louis S. Weinberg Fund	5,931.59
Dr. Joseph and Blume Weinrebe Fund	4,500.00
Alice and Joseph Weinstein Fund	7,107.47
Solomon Weinstein Fund	23,598.22
Dr. David and Rhoda Weintraub and Family Fund	2,606.00
Augustus Weisopf, bequest u/w	1,162.76
Jennie M. Weisman Fund (established by Mr. and Mrs. Edward M. Swartz)	49,734.79
Jennie M. Weisman Memorial Fund (established by Keystone Mfg. Co.)	27,975.30
Edward H. and Florence M. Weiss Fund	3,078.33
Welling Family Endowment Fund	3,882.93
Mark and Frances Werman Fund	3,347.50
George and Helen S. White Fund	1,305.00
Theresa Cohen Whitman and Nehemiah H. Whitman Fund	7,080.00
Charles F. Wilinsky Memorial Fund	12,013.22
Madge Wilkes, bequest u/w	185,543.89
Madge C. Willard Fund	1,275.25
Herbert C. Willis, bequest u/w	1,740.91
Max E. and Dora O. Wind Fund	7,157.27
Morris Winer Family Fund	5,683.77
Harry and Sarah Wise Fund (established by their children)	7,306.64
Ida and Harry Wise Family Trust Fund	7,107.47
S. D. and May Wise Charitable Trust Fund	3,879.24
David and Fannie Wiseman Fund (established by the Wiseman Family)	3,094.99
Sophie A. Wit Fund	1,162.76
Lillian R. and Simeon Wolfman Fund (in memory of Louis S. and Gertrude Levi)	829.88
Sara G. Wyner Fund	10,860.00
The Charles E. Wyzanski Fund (established by Max E. Wyzanski)	2,743.94
Jeanette Wyzanski Fund	1,000.00
Goldie and Abraham Yarchin Fund	1,000.00
David and Fannie Yavner Fund	1,162.76
Annie and Isaac Young Endowment Fund	4,929.50
Muriel Bashlow Zetzel	
Medical Library Research Fund	2,397.21
Jacob Ziskind Endowment Fund (established by friends)	1,280.78
Jacob Ziskind Trust, u/w	674,134.81



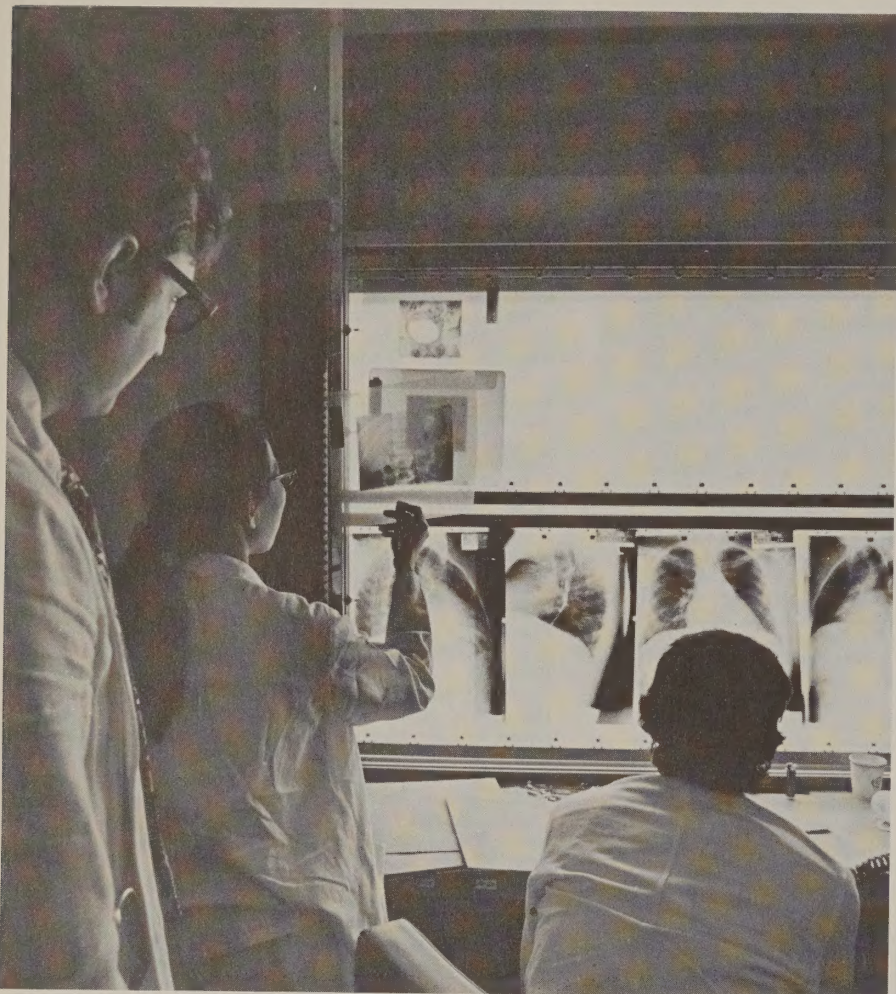
*New fund established in year ending September 29, 1973
†New fund established in year ending September 28, 1974



Beth Israel Hospital
330 Brookline Avenue
Boston, Massachusetts 02215

"Concerned with today's illness and tomorrow's health"

A major teaching hospital of Harvard Medical School



A constituent agency of the Combined Jewish Philanthropies



second opinion for surgery

(Continued from Page 1)



the patient desires another, highly-qualified opinion. The consultation will be paid for by the Teamsters Local 25 Health Services and Insurance Plan. The program is modeled after a voluntary pre-surgical screening program in New York City which recently published figures showing that when second opinions were obtained on the need for surgery, more than one quarter of the operations were found to be unnecessary. These findings and other recent publicity on the amount of unnecessary surgery in the United States spurred the Teamsters to seek a similar program in Boston.

The Consultation Program for Elective Surgery was designed jointly by Dr. Nathan Sidel, director of health services for the union, and Dr. Mitchell T. Rabin, general director of Beth Israel Hospital, in conjunction with the Martin E. Segal Company, actuarial advisors to the

Union. Carrying out the new program will be a group of surgical consultants who are certified by the American Board of Surgery and who are on the staffs of some of the city's most prestigious hospitals. Board certification is one of the highest qualifications a surgeon can obtain. It is given only after many years of training and examinations by a panel of the surgeon's peers. Currently, Beth Israel Hospital, Children's Hospital Medical Center, Massachusetts General Hospital, New England Medical Center, and Peter Bent Brigham Hospital are participating in the program; the medical schools of Harvard and Tufts Universities are related to these hospitals through teaching affiliations.

The program will function as follows: When surgery is recommended for a Teamster member he can, if he wishes and with the consent of Local 25's med-



ical director, obtain a second opinion from an appropriate specialist in the participating hospital of his choice. Surgical specialists have been appointed within each hospital to act as CPS consultants, with access to X-rays and laboratory tests done by the first physician. Approval for additional tests, if necessary, must be secured from Local 25's medical director. The consultant's opinion will be discussed with the patient and the options available for decision will be reviewed. The consulting surgeon's opinion, recommendations and medical findings will be forwarded in writing to the patient, the referring physician and Local 25's medical director.



In the majority of cases it is anticipated that the two physicians will agree. Then the patient will be reassured of the soundness of the original recommendation. Ordinarily, the patient will be directed back to the referring physician. Under usual circumstances, noted Mr. Lyden, the consultant will not assume responsibility for the operation, if recommended, but rather will support the patient's own choice of doctor, in recognition of the fact that there are many highly qualified surgeons throughout the community. Where disagreement on the necessity for surgery exists, the patient may choose to follow the advice of either the referring or the consulting physician, and the union will support either choice.

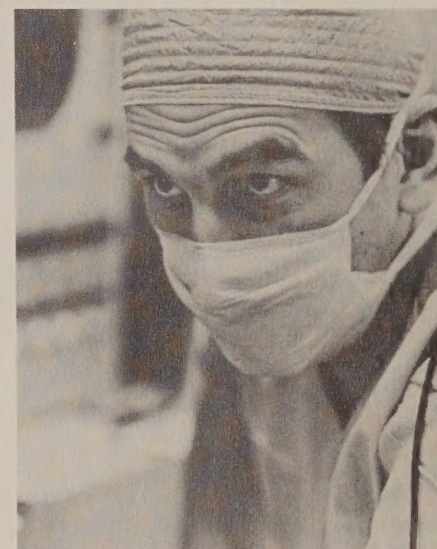
For about two years a consultation screening program similar to CPS has been in operation in New York City. In the New York program, members of the United Storeworkers Union and District Council 37 of the American Federation of State, County and Municipal Employees are able to get a second opinion when surgery is recommended. A 19 December 1974 article in the *New England Journal of Medicine* by Eugene G. McCarthy, M.D., M.P.H., and Geraldine Widmer, R.N., M.P.H., gave the results of second opinions for 1,356 of the members of District Council 37 and Local 2 of the Storeworkers Union.

The study, which was also described in a *New York Times* article on 15 December 1974, showed that the consultants found surgery not to be indicated in more than one quarter (28%) of the cases.

The estimated savings from hospitalizations and operations which did not take place amounted to more than eight times the cost of the program.

Unnecessary surgery in Boston may be less common than in New York, Mr. Lyden indicated, because of the high quality of Boston's practitioners. Still, other studies on the controversial issue have challenged the need for a significant percentage of the surgery performed in this country. Operations such as tonsillectomies and hysterectomies are performed with far greater frequency in the United States than in England. Questions arising from such discrepancies increasingly cause concern about the state of diagnosis in the United States today.

CPS may be able to serve as the laboratory for a study on the accuracy of diagnoses where surgery is recommended. Despite the voluntary nature of the program, it is expected that significant numbers of the Teamsters members will take advantage of CPS when surgery is initially advised. Not only will these people obtain second opinions on the desirabil-



ity of surgery, but their decisions will be followed up so that the results of having or not having elective surgery can be determined.

The goal of the Consultation Program for Elective Surgery is to help Teamsters members avoid any needless surgery. As a result of obtaining a second, expert opinion on the necessity for an operation, it is anticipated that more comprehensive care will be provided to Local 25 members and unnecessary surgery will be eliminated. In addition to the benefit that members will derive from knowing that prescribed operations are in fact essential, the cooperating institutions expect that substantial cost savings will result from this program by virtue of improved diagnosis through consultation.

The Teamsters 25 Health Services & Insurance Plan was first established in 1954 to provide, among other benefits, medical and surgical payments to eligible members and their dependents for charges incurred. The Consultation Program for Elective Surgery ("CPS") is the most recent benefit to be added to the already excellent plan of benefits provided by this multi-employer plan. Hospital, surgical, medical, dental care, eye care and eyeglasses, diagnostic screening examinations, prescription drugs, and maternity benefits are provided by the plan to their 8,500 members, plus eligible dependents, through contributions made by the members' employers under a Collective Bargaining Agreement with Teamsters Local 25.

keeping the "house" clean

(Continued from Page 6)

of the total operation. In turn, this leads to greater efficiency of the entire operation." As he points out, now when doctors or nurses need a housekeeper to do something, they know whom to contact. On the other hand, as Alfred Saunders, housekeeping supervisor, notes, "Housekeepers or their crew leaders bring me their problems. I tell the doctors and nurses during the conference about their concerns and make them aware of the problems." The lines of communication have been opened up.

Communications chains have also been set up throughout the housekeeping department so that all employees can be informed of changes in policy. All housekeepers attend a monthly department meeting to learn of new developments, exchange experiences and note problems. If housekeepers have complaints or problems, notes James Brace, assistant administrative housekeeper, they can come down to the office any time. "We have an open door policy that works," adds Miss Deborah Brown, housekeeping

secretary. She stresses that housekeepers realize they are part of the Beth Israel and they believe in the Hospital.

Working Together

Housekeeping employees represent many countries, yet the department is a tightly knit unit. They work closely with the teams on their floors while at the same time demonstrating their closeness with other members of the department. For example, their recent holiday party received national attention because of the uniqueness of the event. Employees from some 20 countries served their native dishes for others to enjoy. Among the countries represented in housekeeping are Guatemala, Chile, Cuba, Canada, Honduras, various republics of the West Indies, The Dominican Republic, Panama, Hungary, Colombia, Costa Rica, Puerto Rico, Portugal, Mexico, the Philippine Islands, England, the Virgin Islands and the Bahamas. Working together, the housekeepers play an important part in the smooth functioning of Beth Israel Hospital.



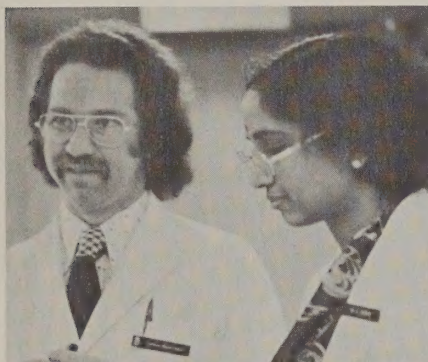
Housekeeper John Mullett transports furniture within the Hospital.

BIAC: treating the whole person

(Continued from Page 1)

out. "I want my patients to develop confidence in themselves and their bodies. I try to spend the time necessary to calm their fears and answer their questions." Particularly important, she notes, is the fact that the midwife provides emotional support for her patients. "Women who develop complications need even more support than those who don't," she states. "By continuing to care for them, but calling the doctor when necessary, we can provide them with the reassurance they need."

Like each of the units in BIAC, the obstetrics-gynecology unit staff works in teams usually drawn from the staff physicians, residents, nurse practitioners or midwives, other nurses, social workers, health assistants, and secretaries. Ms. Kendall points out that the obstetrician is called in whenever one of her patients has an abnormal problem. "Midwives," she notes, "are aware of their limitations and work closely in teams with the physicians."



Dr. S. Bielak and Dr. C. Sudha, staff obstetrician/gynecologists in BIAC, stop in the hall to review a patient's progress.

Dr. Samuel Bielak, staff obstetrician, feels that the team approach benefits both the patient and the staff. "Patients establish better rapport with the physician or other care provider when they see the same person each time. But it is good to work in teams because the patient knows there is always someone she can call on if she is in need."

Another important part of prenatal care is the visit to pediatrics nurse Ms. Carol Maloney by mothers who are plan-



Ms. Barbara Williams, pediatrics secretary, greets a young BIAC patient.

ning to use BIAC's pediatric unit for their children. Ms. Maloney helps mothers learn what to expect after the baby is born. When the mothers have their babies at Beth Israel, Ms. Maloney visits both while they are in the Hospital.

"In pediatrics," says Dr. Shirley Mc-



Ms. Maxine Manjos, Secretary of the Walk-In Unit, handles a telephone query.

Mahon, BIAC pediatrician, "we consider the family as the patient, not just the child." A major part of the staff's job consists of helping parents fulfill their roles as mothers and fathers. The social worker in the unit, Ms. Patsy White, is available for counseling parents who have questions about child-rearing. She also helps them deal with developmental and life crises, such as death or illness in the family or sibling rivalry.

Family Care

Because patients are being cared by teams and as whole families in cases where it is appropriate, the different BIAC teams can coordinate care with each other. Dr. McMahon explains that special or informal conferences are held by members of the medical and pediatric teams, and where appropriate, the obstetrics/gynecology team, to coordinate the care of the entire family and to exchange relevant information. Other BIAC personnel are enthusiastic about the teams. As Erica Schutz, social worker, notes, "It creates a sense of group cohesiveness to work in teams. This helps all members of the staff to develop a sense of 'This is where I belong.' It also helps the patients because different aspects of their problems become known as the team gets to know them better."

BIAC's policy is to treat each patient as an individual, not simply as a set of symptoms. Each patient's needs are assessed when he or she comes to BIAC. The patient is then seen by the care provider most suited to meet those needs. Thus, a patient with many psychological problems might see a social worker on each visit; someone with a chronic problem like diabetes mellitus or hypertension might best be managed by a nurse or nurse practitioner. The physicians and resident would then be free to care for the kind of problems that need a doctor's special expertise. Dr. Thomas Delbanco, medical director of BIAC, notes that currently almost one third of patient visits are handled by non-physicians and handled competently.

BIAC combines several units: internal medicine for the general adult populations, obstetrics-gynecology, and pediatrics. Thus, entire families can be cared for in one place.

Mental health is another important part of BIAC. Dr. Henry Schniewind, staff psychiatrist, and the social workers on

each team work to educate the entire staff on the psychological needs of the patient. "The biggest thing I've learned here," notes Dr. Walter Eades, primary care resident in BIAC, "is that a goodly percentage of all people have some psychological or social problems. So do our patients. The psychiatrist and social workers are teaching me how to work with patients whose psychological problems are a part of their feeling poorly."

Unlike the ordinary hospital out-patient department, BIAC is staffed by full-time salaried physicians, at least one of whom is on-call 24 hours a day. When BIAC patients are hospitalized, the physicians continue to follow their patients and manage them during their hospital stays.

Because the patient sees the same person on each visit, he or she can develop a trusting relationship with the care provider. As Kathy Griffin, licensed practical nurse in BIAC medical, says, "The patients and their families seem to rely on you. They feel they can call on you whenever they need help or advice." She points out that patients with problems



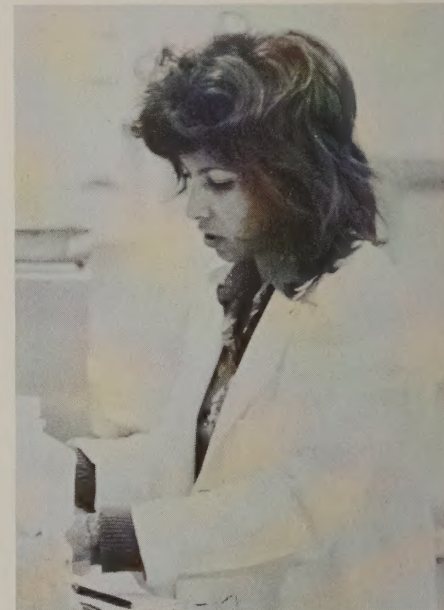
Ms. Virginia Kendall, nurse-midwife in BIAC obstetrics/gynecology, monitors the heartbeat of Mrs. Joanne DeRocco's baby while husband Bob watches.

frequently call BIAC personnel. A common rationale given by patients for calling is, "I knew if I contacted you, you could help me."

Although it in effect serves as the family doctor, BIAC is not trying to compete with the private practitioner. In fact, it often enables patients who have no family doctor to finally have a place to go for their primary medical care. As one patient stated, "I never had a doctor be-

fore I came here. When I needed help, I just went to the hospital."

"Most physicians today go into research or into a specialty in which they see only one aspect of a person's illness," points out Dr. Eades. "Training in internal medicine does not usually prepare a physician to take care of patients in the community—that is, ambulatory, not hospitalized, patients. You usually don't learn that until you go into private practice." Through its primary care residency, BIAC is training qualified primary care physicians. During the two-year residency, the physicians spend half their time in the regular rotation and the other half in BIAC serving as primary care physicians. "I went into this field," says Dr. Eades, "because I was interested in

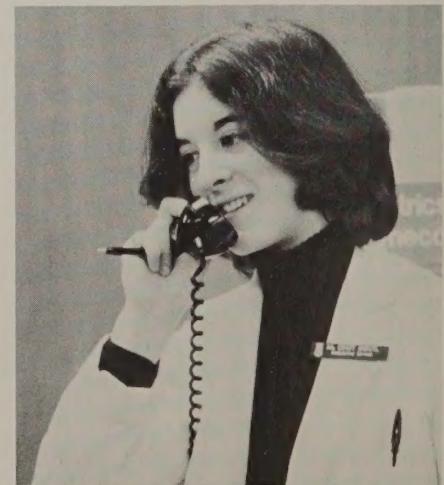


Ms. Teddy Fernandes, nurse in BIAC obstetrics/gynecology, records information on one of her patients.

taking care of the patient as a complete person. In BIAC you think of your patients as real people, not just as diseases or sets of symptoms."

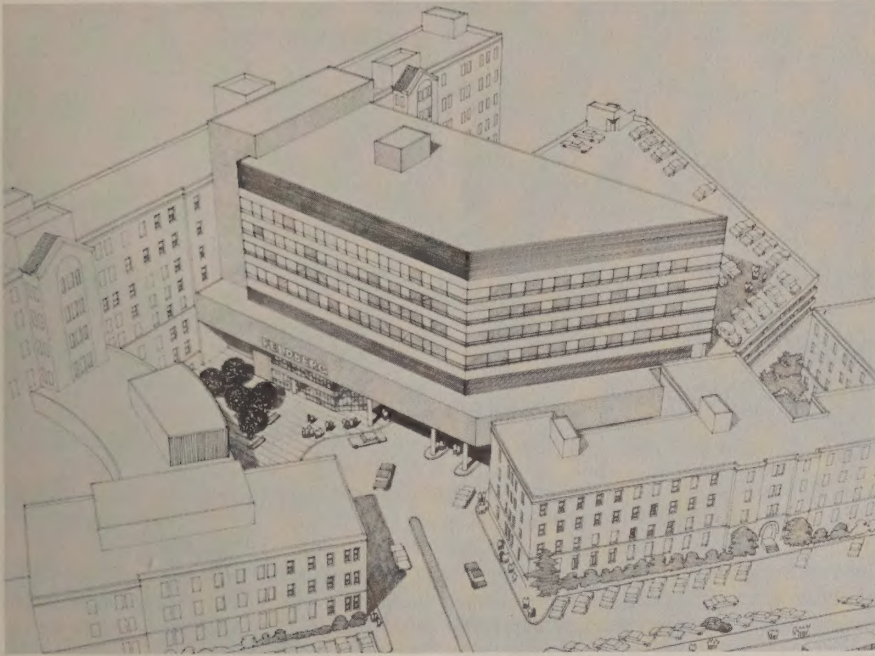
Being tuned-in to the whole person in BIAC also means that non-medical personnel are important members of the teams. As Olga Tomanovich, secretary in BIAC medical, notes, "A patient may come to the clinic and say to the secretary, 'I don't know why I keep coming back. He doesn't seem to be helping me.' Such feelings are important, and need to be conveyed directly to the care provider."

(Continued on Page 9)



Obstetrics/gynecology health assistant Cindy Gerstl reassures a patient over the phone that someone can see her when she comes in to BIAC.

Feldberg Building progresses



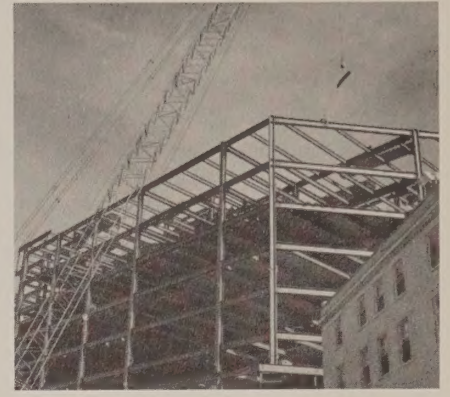
... Beth Israel Hospital of the future

Since the groundbreaking for the new Feldberg Building on May 7, 1973, construction of the Building has been steadily progressing. Most of the bricks and windows are now in place and work has

begun on the interior. An early 1976 completion date is anticipated, providing the Beth Israel with one of the most modern inpatient buildings in New England.



... Groundbreaking



... Topping off



... As it looks today

BIAC

(Continued from Page 8)



Ms. Sheila Hightower, health assistant in pediatrics, smiles as a patient says hello to her.

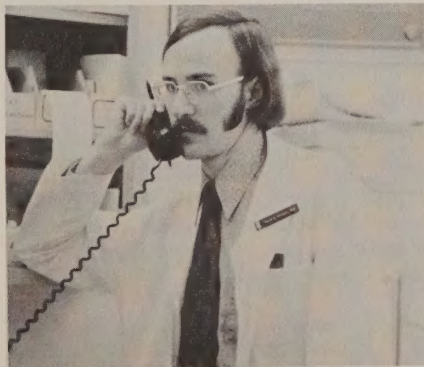
Because we are part of the team, we can make such doubts known to other members, thereby enabling the team to help the patient more effectively."

Similarly, the health assistants who escort the patients to the examining rooms, weigh them, obtain specimens and perform numerous other duties, play a vital role in total patient care. "Some patients might be scared or nervous," points out Fay Henry, health assistant in obstetrics-gynecology, "but we help reassure them and answer their questions." The health assistants also provide emotional support to patients, as Ms. Henry notes, "I get to know the patients. They know me. It's reassuring for them to see me here."

Sometimes the health assistant or secretary will be asked to intervene between the patient and his health care provider. Marie Gibbons, health assistant in BIAC medical, explains, "Patients may tell us things they won't tell the doctor. Some-

times they ask me to tell the doctor for them. Again if they are discouraged about their treatment, I try to cheer them up. Sometimes just encouraging them to follow their doctors' advice is helpful to them." As part of the team the health assistant or secretary can also let the direct care provider know when the patient is anxious or upset.

"Although the doctors try not to rush the patients and are open to their questions, people often find it easier to relate to the social worker or nurse," points out Ms. Schutz. "Not only does the team



Dr. David Brandling-Bennett, senior resident in the walk-in clinic, answers a patient's questions over the telephone.

approach permit more opportunity for sharing information and responsibility among the staff, but it also enables the patient to know where to go with his questions. Usually patients can develop particularly solid relationships with at least one member of the team."

In addition to the nurse-midwife, BIAC utilizes the training of the nurse-practitioner in its pediatric and medical units. Nurse practitioners handle routine and follow-up care; they are backed-up by physicians who are called in when neces-

sary. In the walk-in-unit, the nurse practitioner, Karen Sawazer, using protocols or guidelines developed by a physician, cares for about a third of the patients on her own.

Home care for the physically incapacitated patient is yet another aspect of BIAC. Because it too treated out-patients, the home care program, which was established in the 1950's at Beth Israel, recently came under the BIAC umbrella. "Patients in the home care program," notes Dr. Roger Fox, medical director of the home care program, "would be in long-term care institutions if this service were not available. The home care program provides the opportunity for people with severe illness, chronic or terminal acute problems to remain at home during their illness, if they so desire. Keeping them comfortable at home greatly reduces the cost of their illness and in many cases allows them to be taken care

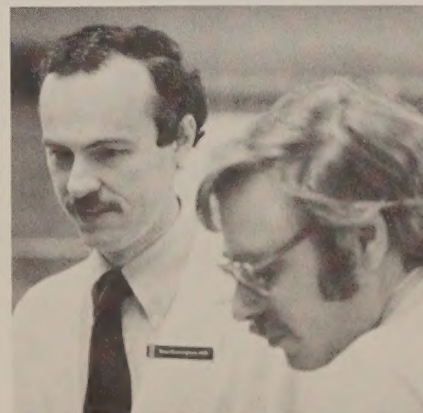
of in a more satisfying emotional environment."

Much of the primary care for these patients is provided by visiting nurses, with BIAC physicians also making home visits on both a routine and emergency basis to those patients who are unable to come into the clinic.

Success Rewarded

Education and research are integral parts of BIAC. Residents, medical students, and student nurses constantly rotate through the clinic. BIAC's pioneering efforts at providing primary care on a personal basis in a hospital setting were made possible through grants supporting this teaching and research. Original grants came from the Carnegie Corporation of New York, the Committee of the Permanent Charity Fund, the Commonwealth Fund, the Godfrey M. Hyams Trust, and the Charles E. Merrill Trust.

BIAC's continuing innovative programs are considered so significant that three substantial grants were recently received, enabling the continuation of its teaching and research. The Schem Fund awarded BIAC over \$50,000 to begin a Patient Education Program. This program will enable patients to return home with their own records, according to Dr. Delbanco, and will therefore give them more control over their own bodies. The Robert Wood Johnson Foundation awarded BIAC \$500,000 and the Commonwealth Fund, \$300,000 to further its teaching and research efforts and further improve the delivery of primary care. Obviously by many standards, BIAC's approach to its patients — its personal attention and the provision of continuity of care — is successful in making quality medical care available to an increasing percentage of the population.



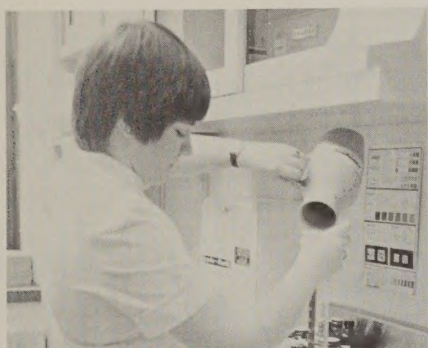
Dr. Brian Cunningham, internist in BIAC medical, consults with Robert Altbaum, Harvard Medical School student.

CRC: a resource to study humankind

(Continued from Page 1)

involved in certain studies. Metabolic research and obesity research, for example, require careful monitoring of a patient's food intake, as do many other projects.

Each of the 12 staff nurses on the unit has a minimum of a year's experience and some have even been head nurses prior to coming to the CRC. Many of the nurses have had training or experience in research. The Core Laboratory of the CRC, headed by Dr. Bernard J. Ransil, performs bioanalytical sampling on specimens drawn from patients on the unit. Both Dr. Benson and Dr. Ransil hope that someday the two facilities, now physically separated, will be contiguous.



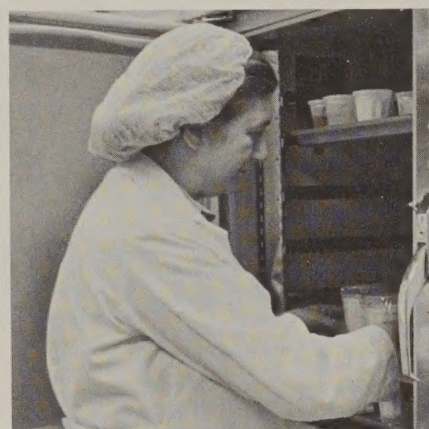
Nurse Kathy Nuffer begins the analysis of a specimen from a CRC patient.

More than 50 different clinical research protocols have already been approved for studies in the CRC, Dr. Benson points out, but it is up to physicians within the Hospital to utilize the facility. To begin a study an investigator may utilize one of the approved protocols or if planning an entirely new experiment must have his protocol or set guidelines approved by the Beth Israel Committee on Clinical Investigations and the Advisory Committee of the CRC. Patients involved in studies must, of course, be so informed and must give their signed informed consent in order to participate. Risks and benefits are explained completely to patients before their cooperation is solicited. While they are taking part in CRC studies, patients' expenses are paid by NIH.

Although the patients on the 10-bed unit are the subjects of research, Dr. Benson stresses that the patient always comes first. A patient involved in a long-term

research project agreed, "When my needs changed, they changed the study for me. Their attitude is, 'We won't take any chances on you.'" But as Dr. William Silen, Beth Israel surgeon-in-chief, who frequently uses the CRC for his patients, pointed out, "Most of the things we do are so intimately related to what the patient's problems are that it is hard to distinguish between what we are doing to help the patient and what we are doing to try to learn something."

"The CRC is an exciting place to work," says Nurse Kathy Nuffer, "because we are on the frontiers of new knowledge." The environment on the unit is structured; days for the most part are evenly paced with monitoring and testing done at scheduled intervals. Because patients are commonly not desperately ill, there are few emergencies. "There is time to talk to the patients," Ms. Nuffer explains. "We can tell what we are doing and what we hope to learn from it."

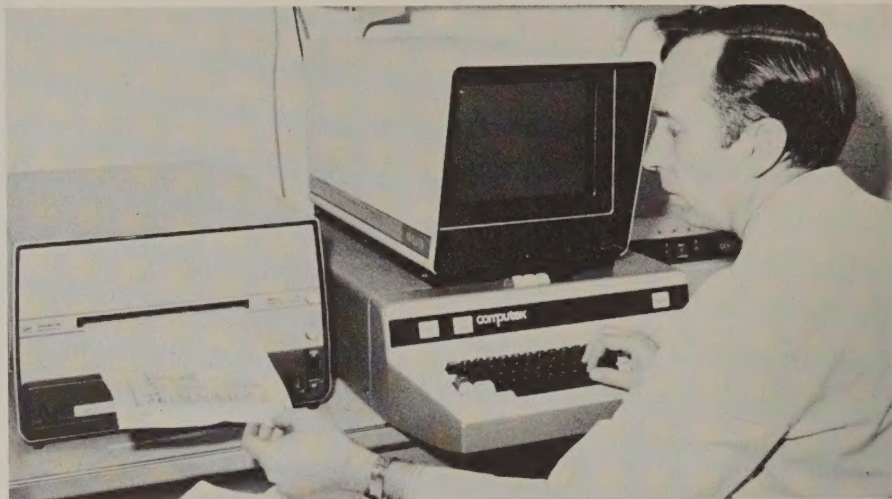


Barbara Cholakos, research nutritionist, counts the servings left in the refrigerator in the metabolic kitchen.

Exciting for Patients

Patients, too, sense the excitement of participating in research that could benefit others in the future. An outpatient at the CRC said, "It is fantastic to be given the opportunity to take part in a study, especially when you know the tests have to be done anyway. The quality of medical care is excellent here and everyone has time to explain what he is doing and answer questions."

Patients involved in CRC studies range from those who are outpatients and come



Dr. Bernard J. Ransil, head of CRC's core laboratory, works on data analysis using the PROPHET program.

in for but a few hours once or twice, to those who stay for months as inpatients in the unit. One long-term patient, participating in a dietary study, pointed out that patients on the unit develop close relationships with the staff, yet there is still a strong focus on their real life, outside the Hospital. An attempt is made to ensure that patients have adequate recreation and intellectual stimulation while in CRC. Also, patients stay on the unit on a completely voluntary basis: they can leave the study at any time. The patient on the dietary study pointed out, for example, that he is being re-oriented to the everyday world gradually, not abruptly, and will be on a fairly normal diet before leaving the Hospital.



Connie Dorsey, diet aide in the CRC's metabolic kitchen measures a serving of milk for one of the patients, whose diet is being studied.

PROPHET for BI

A second component of the CRC is the Core Laboratory with its computer capabilities and bioanalytic facilities. Its head, Dr. Ransil, notes, "The basic idea of the Core Laboratory is to provide professional assistance and support in physics, chemistry, mathematics, statistics, computing and analytical instrumentation as they relate to medical research. We try to do this by providing easy access to computer facilities and services by tutoring, consulting and referral activities and by assisting investigators with their experimental design, instrumentation problems and bioanalytical determinations."

Computers at the Core Laboratory utilize a chemical-biological information handling program called PROPHET (a name whose letters are meaningless). Dr.

Ransil describes the program as being easy to use because it enables its operator to communicate with the computer in simple English sentences. At the same time, experienced computer operators can write their own programs in several different program languages. "An individual who knows little or nothing about computers but who is comfortable with a typewriter keyboard, and knows something about mathematics and statistics, and of course, his own area of investigation, can make PROPHET work for him with about one hour of instruction," he explains.

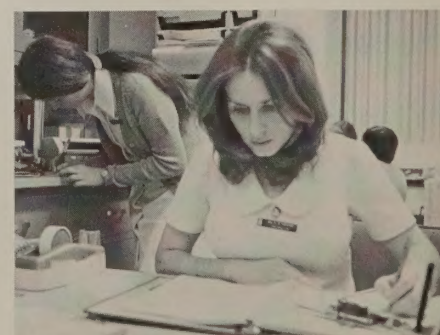
PROPHET is being developed by the Division of Research Resources of the NIH. Currently there are seven installations across the country with several more scheduled for installation later in 1975. Operational simplicity and efficiency and computing versatility and flexibility are the basic design features of PROPHET. It can interchange messages and research data, create permanent data banks, and retrieve and process information. Hard copy capability permits the operator to obtain permanent records of any data that appears on the terminal screen. By making graphs and tables, curve fitting, mathematical and statistical operations along with other capabilities PROPHET can complete in minutes analytic operations that used to take days.

In addition to PROPHET, the Core Laboratory has two programmable calculators that perform a number of research functions. Called Mathatrons, they are much larger than PROPHET, but can process large amounts of data on an individual or "batch" basis and do teletype printouts.

(Continued on Page 11)



Mary Yachimski, diet aide in CRC, hands Robert Cardoos a glass of milk.



Betty Silverstein, head nurse of CRC, works at the nurses' station, while Judy Sweeney, R.N., prepares a patient's chart in the background.

nurses screen for cancer

(Continued from Page 1)



Mrs. Nettie Radford, R.N., a participant in the Gynecologic Oncology Nurse Screener Program, discusses correct "Pap" test procedures . . .

Massachusetts Division of the American Cancer Society and a grant from the Lattman Foundation of California, the Gynecologic Oncology Nurse Screener Program will have trained 100 nurses from all over Massachusetts by July 1, 1975. The nurse training program is run under the auspices of Beth Israel's department of obstetrics and gynecology. "We need trained, interested people who understand the anatomy and physiology of women to do the screening," says Dr. Donahue. By offering nurses the opportunity to learn the techniques of the Pap test and breast examination, she believes that enough screening personnel can be developed to reach every woman at risk in Massachusetts. The Massachusetts Medical Society has approved the program and now approval is being sought from the American College of Obstetricians and Gynecologists. "The cervical cytologic smears (Pap tests) done by the nurses being trained at the BI," notes Dr. Donahue, "are being read by an American Cancer Society cytologist. He has compared the tests done by nurses with those done by gynecologic oncologists (tumor specialists) and has found no difference in quality."

Participants in the Gynecologic Oncology Nurse Screener Program are either licensed practical nurses or registered nurses. To date they all have volunteered to participate in the ACS's Pap-Breast Screening Programs offered throughout the state of Massachusetts. The ACS performed a mail questionnaire of nurses in Massachusetts to determine the interest among these professionals in learning about practical screening of breast and genital cancer. 8,200 nurses expressed a positive interest in such a program. In the current pilot program relatively few of these can be instructed and preference is given to nurses who will be able to utilize the training in their current jobs.

Professional nurses who have taken part in the program have come from institutions as diverse as the Polaroid Corporation, Carney Hospital, Boston City Hospital, New England Medical Center, Massachusetts Institute of Technology Health Plan, and numerous obstetrics-

gynecology clinics throughout the state.

In a total of 27 hours of intensive training, the nurses are instructed in anatomy, physiology, clinical examination of the breasts and pelvis, and the correct performance of cervical cytologic smears. Emphasis is placed on the dynamics of the disease processes in pelvic and breast malignancies to give the nurses a thorough, practical understanding of them. Audiovisual teaching material is used as well as actual participation in breast and pelvic examinations and observation of such procedures as colposcopic guided biopsies, cervical conization and curettage.

In addition to lectures by Dr. Donahue, Dr. Nelson Burstein, of Beth Israel's pathology department, provides an introduction to the spectrum of breast disease including cancer. ACS cytologist, Jeff Hajian, presents the cytologist's viewpoint, and Virginia Kendall, nurse-midwife of BIAC, the Beth Israel Ambulatory Care Center, provides background on the psychological aspects of gynecologic cancer. Dr. Robert C. Knapp, associate chief of BI's obstetrics and gynecology department and chief of the gynecologic oncology service supervises the instruction on pelvic and breast examinations of patients, and evaluates the performance of



. . . while other participants listen attentively.

resource to study people

(Continued from Page 10)

Bioanalytic Laboratory

The Core Laboratory's Bioanalytic Laboratory performs non-routine types of clinical experimental determinations that are not readily done by the central Hospital laboratories. Run by Dr. Robert Auty, the bioanalytic laboratory's facilities are mostly utilized by investigators with patients in the CRC or those who conduct clinically related animal research. Dr. Auty notes that the laboratory also stockpiles equipment which is available for use by investigators either on site or for loan. "That way," Dr. Ransil points out, "people don't have to buy their own equipment if they can use the Core Lab's set-ups."

Making Medical Progress

Participating in CRC studies is often beneficial to patients because then their doctors can do treatments or tests they might otherwise find impossible. At the

BI's Passover Seder 1975



Beth Israel Hospital patients participated happily in the Passover Seder conducted by Rabbi Oscar Hoch of Brookline. Their hospitalization did not prevent a record number of ambulatory patients from enjoying the full flavor of the holiday ceremonies, complete with a specially-prepared Passover dinner. BI, a constituent agency of the Combined Jewish Philanthropies, has traditionally sponsored Jewish holiday observances and celebrations for its patients.

the nurses. Interest and cooperation by patients has been high.

The Pap test is dependable only for detection of cervical cancer, not for cancers of the remainder of the uterus, ovaries or fallopian tubes. According to Dr.

Donahue, however, the Pap test can pick up a precursor to cancer known as cervical dysplasia, an abnormality of cell growth and maturation. "Before an actual cancer develops, the cervix undergoes a whole spectrum of changes, from slight to severe dysplasia. Development of dysplasia can often be interrupted by treatments short of hysterectomy—for instance, biopsy, cauterization or cryosurgery. Insofar as it is consistent with the best medical care, the patient's desire to retain fertility and menstrual function is an important factor in determining her course of treatment."

Because invasive cervical cancer can be largely prevented if women have regular pelvic examinations and appropriate treatment for any abnormalities, it is likely that Dr. Donahue's pilot program to train nurses for cancer screening will be replicated elsewhere, especially once approval is received from the American College of Obstetricians and Gynecologists. Dr. Donahue hopes the program at Beth Israel will soon include a gynecologic oncology nurse clinician specialist who will help teach the course.

In 1974 alone, 19,000 cases of cervical cancer were discovered in the United States. Dr. Donahue believes this number could be dramatically reduced if all women at risk were adequately screened and tested. This is particularly important since the testing brings to light not only developed cancers but also their forerunners, which are more easily treated. By training enough competent personnel to perform the testing, Beth Israel's Gynecologic Oncology Nurse Screener Program can be one means of reducing the number of deaths from cancer.



Ms. Yachimski warms up some coffee in CRC's microwave oven.

Staff Activities in Brief

MISS CLAIRE BASSETT, R.N., assistant director of nursing, education, retired on February 1 after many years of service to Beth Israel's staff education and development department and School of Nursing. A tea was held in her honor on January 27 in the Kirstein Living Room. MISS PAULA MINEHAN, R.N., B.S., M.S., C.A.S., is the new associate director of nursing, education. She was previously associate professor of nursing at Boston College and is currently a doctoral candidate at the Harvard Graduate School of Education.

DR. STAFFORD COHEN, director of the medical intensive care unit, has contributed a chapter entitled "Current Concepts in Quinidine Therapy" to *Drugs in Cardiology*, which was published recently.

DR. DOROTHY M. CRAWFORD, co-director of clinical anaesthesia, has been elected program chairman of the Massachusetts Society of Anesthesiologists for 1975-1976.

DR. VALENTINA C. DONAHUE, associate chief of the gynecologic oncology service, appeared on "For Women Today" with WBZ's Pat Mitchell on January 30. She discussed the importance of the Pap test and breast examinations for women.

In October PENNY FORD, R.N., M.S., cardiac clinical specialist, and MARIAN REICHLE, R.N., B.S., pulmonary clinical specialist, coordinated a cardio-pulmonary core course for 25 senior staff nurses and personnel from other area hospitals. In October and December Ms. Ford held two day seminars for nurses and technicians from other hospitals establishing intra-aortic balloon pumping programs. The seminar is repeated every two months. In January Ms. Ford and Ms. Reichle coordinated a course entitled "Critical Concepts in Cardio-Pulmonary Care" for staff from community hospitals.

RABBI DR. HYMAN R. FRIEDMAN, the Hospital's Chaplain, has been certified as an acting supervisor for the Association for Clinical Pastoral Education, Inc.

DR. DAVID FROMM of the surgery department received a surgical Career Development Award from the National Institute of Arthritis and Metabolic Diseases of the National Institutes of Health. Funding for the five-year grant began on March 1, 1975.

DR. BURTON JAFFE, head of the department of otolaryngology, attended the meeting of the Society of University Otolaryngologists which met with the annual meeting of the Association of the American Medical Colleges from November 12-14. He is a committee member of the Undergraduate Education Committee which is currently surveying ENT teaching in all U.S. medical schools. Dr. Jaffe presented a speech on "Oral Carcinoma" at the Harvard Odontological Society meeting on November 21. On December 3, he presented a paper on "Viral Causes of Sudden Deafness" at the First International Workshop on Sensorineural Deafness in Memphis, Tenn.

DR. JOSEPH KAFTORI has returned to Rambam University Hospital, Haifa, Israel, where a new ultrasonographic unit for investigating renal tumors, hydro-nephrosis, poly and multicystic kidneys, perinephric processes, and other problems, has been installed. His training in ultrasound was received at Beth Israel.

At the request of Dr. Howard Hiatt, LIEBE KRAVITZ, social worker, participated in a session of a course in medicine for health policy and management at the Harvard School of Public Health. The session, on March 12, dealt with rehabilitation following myocardial infarction.

SHARON MC COMBIE, social worker, will present a paper entitled "Development of a Rape Crisis Center in a General Hospital Setting" at the American Psychiatric Association annual convention in Anaheim, Calif., on May 8. The paper was authored by Ms. McCombie, DR. ELLEN BASSUK, DR. ROBERTA SAVITZ, and SUSAN PELL, R.N.

DR. DAVID MILLER, head of the department of ophthalmology, visited the Republic of South Africa recently and lectured on corneal disease at the medical schools in Pretoria, Johannesburg and Capetown.

MRS. FRANCES NASON of the social service department was presented with the Bartlett Award for publication of "Soft Services: A Major, Cost-Effective Component of Primary Medical Care" written with DR. THOMAS DELBANCO. The award was made on November 14, 1974 by the Simmons College School of Social Work Alumni Association at its 15th annual lecture honoring the 70th anniversary of the school of social work.

DR. JOHN C. NEMIAH, psychiatrist-in-chief, was a visiting professor of psychiatry and lecturer at the Louisiana State University and University of California at Los Angeles during November 1974.

MRS. BEATRICE PHILLIPS, director of social services, spoke at the New England Hospital Assembly meeting, co-sponsored by the Massachusetts Chapter of the Society for Hospital Social Work Directors of the American Hospital Association, the Health Care Services Task Force of NASW, and the Academy of Clinical Social Workers, on March 27. She spoke on peer review accountability methods in hospital social service departments. She is also on the board of editors for the Encyclopedia of Social Work's 17th edition. In December a review of *Tender Loving Greed* by Mary Adelaide Mendelson written by Mrs. Phillips was published in *Hospitals*.

DR. ARTHUR ROSENBAUM, chief of neuroradiology, announced that a technique for computerized tomography of the head, which utilizes an EMI scanner, has been in use for BI patients since December 4, 1974. The computerized tomography technique is shared by Beth Israel, Children's and Peter Bent Brigham Hospitals. It is based in the Sidney Farber Cancer Research Center. Chief

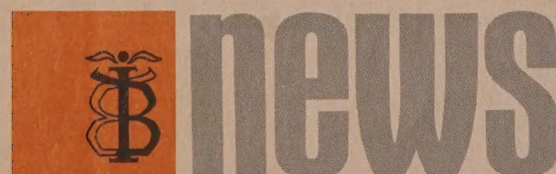
technician for the technique is Ms. Janet Lister.

DR. PETER E. SIFNEOS, associate director of psychiatric service, has been appointed visiting professor of psychiatry at McGill University for a three-year period, during which he will act as a consultant to McGill's program on brief psychotherapy.

DR. WILLIAM SILEN, surgeon-in-chief, spoke on stress ulcers at a grand rounds session at University Hospital on December 21, 1974. He and DR. DESMOND BIRKETT published a paper entitled "Alteration of the Physical Pathways through the Gastric Mucosa" in the December issue of *Gastroenterology*.

DR. JOHN SKILLMAN of the surgery department presented a talk on November 13, 1974, at the American College of Surgeons meeting in Bethlehem, Pa., on "Deep Vein Thrombosis and Thromboembolism." On November 21 he spoke on "Stress Ulceration, Pathogenesis, Prevention and Treatment" at the Presbyterian Hospital surgical staff conference in New York. He spoke on "Gastric Stress Ulceration" for surgical grand rounds at the Deaconess Hospital on November 27, and on December 11, in New York at the annual clinic day of Nassau Surgical Society on "Acute Stress Ulceration, Pathogenesis, Prevention and Treatment." Dr. Skillman submitted an article entitled "Ethical Dilemmas in the Care of the Critically Ill" to be published in *Lancet*.

DR. MICHAEL STEER of surgery presented a seminar on November 18 at Boston City Hospital on cholecystitis. On November 26, Dr. Steer gave a seminar on "The β -adrenergic Receptor and Adenylate Cyclase" at the department of pharmacology, Harvard Medical School. He also gave a lecture on pancreatitis at the Haverhill Hospital on December 12.



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